



REPORT

ON THE

PUBLIC HEALTH ADMINISTRATION OF BURMA

FOR THE YEAR 1934



RANGOON

SUPDT., GOVT. PRINTING AND STATIONERY, BURMA

1935

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RESOLUTION

ON THE

Report on the Public Health Administration of Burma

For the Year 1934.

Extract from the Proceedings of the Government of Burma, Public Health Department,—No. 261SJ35, dated the 3rd October 1935.

READ—

The Report on the Public Health Administration of Burma for the year 1934.

RESOLVED THAT—

The Report be published.

By order,

A. J. S. WHITE,
*Secretary to the Government of Burma,
Education Department.*

TABLE OF CONTENTS.

REPORT ON THE PUBLIC HEALTH ADMINISTRATION OF BURMA FOR THE YEAR 1934.

CHAPTER I.

METEOROLOGY ; ECONOMIC CONDITIONS.

	PARA.	PAGE
Meteorology	1	1
Economic Conditions	2	<i>ib.</i>
Cost of Rice	3	2

CHAPTER II.

VITAL STATISTICS.

Area and Population	4	2
Immigrants and Emigrants	5	<i>ib.</i>
Provincial Birth and Death Rates based on an estimated population	6	3
Inspection of Birth and Death Registers	7	4
Registration of Vital Statistics in backward tracts	8	5
Provincial Birth, Death and Infant Mortality Rates	9	<i>ib.</i>
Birth Rate (Rural)	10	6
Birth Rate (Urban)	11	7
Death Rate (Rural)	12	8
Death Rate (Urban)	13	<i>ib.</i>
Infant Mortality Rate (Rural)	14	9
Infant Mortality Rate (Urban)	15	10
Still-Births and Maternal Deaths	16	<i>ib.</i>

CHAPTER III.

THE STATE OF PUBLIC HEALTH IN THE PROVINCE.

State of Public Health	17	11
-------------------------------	----	----

CHAPTER IV.

THE CHIEF DISEASES IN THE PROVINCE AND THEIR EPIDEMIOLOGY.

Cholera	18	13
Anticholera Measures	19	14
Smallpox	20	<i>ib.</i>
Smallpox cases treated in hospitals	21	15
Plague	22	16
Antiplague Measures	23	17

CHAPTER IV—concl'd.

	PARA.	PAGE
Fevers	24	18
Enteric Fever	25	19
Dysentery and Diarrhœa	26	<i>ib.</i>
Respiratory Diseases	27	20
Beri-beri	28	21
Goitre	29	<i>ib.</i>
Yaws	30	<i>ib.</i>
Leprosy	31	22
Venereal Disease	32	23
Rabies	33	24
Lead Poisoning	34	<i>ib.</i>

CHAPTER V.

URBAN SANITATION:

Health Staff	35	24
Water Supplies	36	25
Conservancy and Drainage	37	26
Markets	38	<i>ib.</i>

CHAPTER VI.

RURAL SANITATION.

Health Staff	39	27
Water Supplies	40	<i>ib.</i>
Conservancy	41	28
Rural Health Unit, Hlègu	42	<i>ib.</i>

CHAPTER VII.

MALARIA.

Malaria (Rural)	43	30
Malaria (Urban)	44	32
Antimalarial Operations	45	<i>ib.</i>
Cinchona Febrifuge Tablets	46	33

CHAPTER VIII.

MATERNITY AND CHILD WELFARE.

Maternity Work	47	34
Child Welfare Work	48	35

CHAPTER IX.

SCHOOL HYGIENE AND MEDICAL INSPECTION OF SCHOOL CHILDREN.

School Medical Inspection	49	40
----------------------------------	----	----

CHAPTER X.

HEALTH PROPAGANDA.

	PARA.	PAGE
Health Education	50	41
Hygiene Publicity Bureau	51	42
Red Cross Society and Rangoon Health Week	52	43
Public Health Essays and Posters	53	44

CHAPTER XI.

PUBLIC HEALTH ADMINISTRATION.

District Health Officers and Assistant District Health Officers ...	54	44
Urban Health Officers	55	45
Cadre of subassistant surgeons	56	<i>ib.</i>
Public Health Inspectors	57	<i>ib.</i>

CHAPTER XII.

VACCINATION.

Establishment	58	46
Operations Performed	59	47
Verification Work of Inspecting Officers	60	49
Vaccine Dépôt, Meiktila	61	<i>ib.</i>
Cost of the Department	62	<i>ib.</i>
General Remarks	63	50

CHAPTER XIII.

OTHER PUBLIC HEALTH SERVICES.

Mines	64	50
Harcourt Butler Institute of Public Health	65	<i>ib.</i>
Burma Ghee Adulteration Act	66	53
Port Health Administration	67	<i>ib.</i>
Expenditure on Public Health Services	68	54
Provincial Public Health Board	69	<i>ib.</i>
Inspections	70	<i>ib.</i>

CHAPTER XIV.

GENERAL REMARKS.

Personal Proceedings and Office	71	54
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Report

ON THE

Public Health Administration of Burma

For the Year 1934.

CHAPTER I.

Meteorology ; Economic Conditions.

1. **Meteorology.**—In a summary of the monsoon conditions which prevailed from May to October 1934, the Meteorologist, Calcutta, states :—

“The total rainfall during the month of May was in large defect in Inland and Irrawaddy and Pegu divisions, and in moderate defect in the Arakan and Tenasserim divisions. In June, it was in slight to moderate defect in all divisions, except in Inland where it was in slight excess. In July, the rainfall was in slight defect in Tenasserim, Irrawaddy and Pegu, in moderate excess in Inland and practically normal in Arakan. In August, it was in slight excess in Tenasserim and Irrawaddy and Pegu, in slight defect in Inland and practically normal in Arakan. In September, the rainfall was in slight to moderate excess generally except in Inland where it was practically normal. In October, it was in very large excess in Arakan, in slight defect in Tenasserim and practically normal in Inland, Irrawaddy and Pegu.

On the whole the total rainfall during the monsoon period was practically normal over the whole area.”

2. **Economic Conditions.**—The Commissioner of Settlements and Land Records, Burma, in describing the condition of the agricultural population during 1934, says :—

“The year was again one of unrelieved gloom for the agriculturist on account of the continued slump in the prices of agricultural produce. * * * * The condition of the cultivator in the dry zone districts, however, compares favourably with that of the Lower Burma man or in the irrigated areas. Multiplicity of crops appears to be his salvation.

The value of land continued to fall. Rents and wages of agricultural labourers are falling. * * * Agricultural indebtedness tends to

increase. The standard of living is becoming lower owing to shortage of cash, contraction of credit, and, in some districts, to scarcity of work. Signs of increased use of home labour for cultivation are evident."

3. Cost of Rice.—This is the main article of diet in the province. The average cost of a basket of 9 gallons weighing 75 lbs. was Rs. 2 which is one anna less than in 1933. The monthly average price which was Rs. 1-14-0 in January gradually came down to Rs. 1-10-0 in April ; thereafter it rose steadily to Rs. 2-7-0 in October which was the highest average price obtained in any month. Again there was a fall in the price to Rs. 2-5-0 in November and to Rs. 2-2-0 in December. The highest average price for the year, *viz.*, Rs. 2-15-0, was obtained in Amherst district and the lowest, *viz.*, Rs. 1-5-0, in Yamèthin district.

CHAPTER II.

Vital Statistics.

4. Area and Population.—There was no change in the area under regular registration which covered 116,848 square miles. The births and deaths for this area are given in Statements I and II (pages 82 to 85). The population of this area according to the 1931 census was 12,102,290, divided into 10,689,689 inhabitants in rural and 1,412,601 inhabitants in urban areas.

The births and deaths in certain districts, covering an area of 114,737 square miles with a population of 2,554,716 are shown separately in Statement II (a) (pages 86 and 87). The figures in this statement are not as complete as those in Statements I and II, for the areas to which they apply are undeveloped. Communications are poor and the registration staff inadequate ; the figures for these districts are therefore excluded from the statements referring to areas under regular registration.

5. Immigrants and Emigrants.—

Year.			Immigrants.	Emigrants.
1930	...	...	368,590	399,276
1931	...	...	309,426	367,121
1932	...	...	300,368	288,494
1933	..	..	243,365	252,203
1934	...	...	256,004	226,698

These figures relate only to passenger traffic by sea. No migration statistics are available for persons who used the overland routes on the North-East and North-West frontiers of the province.

Large numbers of labourers enter Arakan each year by the land route from Bengal to Arakan. When the harvest is finished, many

return to Bengal by sea. These labourers appear therefore in the emigration figures but are not included in the immigration figures, and the result is a false migration surplus for Arakan. The balance in the above table in favour of immigrants is 29,306 in 1934, and it can be safely said that this is an underestimate.

6. Provincial Birth and Death Rates based on an estimated population.—An estimate has been made of the population at mid-year 1934, based on the excess of births over deaths, and the balance between immigrants and emigrants (excluding the Arakan figures which for reasons already explained show a false balance). The following table gives a comparison between birth and death rates since 1931 calculated (a) on the 1931 census figure and (b) on the estimated mid-year population. The increasing divergence is now as large as 1·02 per 1,000 in the birth rate and 0·69 per 1,000 in the death rate :—

Statements
I and II.

Year. (1)	Mid-year population. (2)	Number of births. (3)	Birth rate per mille based on the estimated population. (4)	Birth rate per mille based on the 1931 census population. (5)	Number of deaths. (6)	Death rate per mille based on the estimated population. (7)	Death rate per mille based on the 1931 census population. (8)	Difference in birth rates (5) - (4). (9)	Difference in death rates (8) - (7). (10)
1931 ...	12,130,848	321,054	26·47	26·53	210,109	17·32	17·36	0·06	0·04
1932 ...	12,220,290	335,886	27·49	27·75	209,420	17·14	17·30	0·26	0·16
1933 ...	12,380,223	360,958	29·16	29·83	226,451	18·29	18·71	0·67	0·42
1934 ...	12,524,307	365,728	29·20	30·22	249,547	19·93	20·62	1·02	0·69

In view of the fact that the migration figures are not complete, the following table is published, in which the mid-year population is based on the excess of births over deaths only while the migration surplus is not taken into account :—

Year. (1)	Mid-year population. (2)	Number of births. (3)	Birth rate per mille based on the estimated population. (4)	Birth rate per mille based on the 1931 census population. (5)	Number of deaths. (6)	Death rate per mille based on the estimated population. (7)	Death rate per mille based on the 1931 census population. (8)	Difference in birth rates (5) - (4). (9)	Difference in death rates (8) - (7). (10)
1931 ...	12,147,020	321,054	26·43	26·53	210,109	17·30	17·36	0·10	0·06
1932 ...	12,252,637	335,886	27·41	27·75	209,420	17·09	17·30	0·34	0·21
1933 ...	12,401,694	360,958	29·11	29·83	226,451	18·26	18·71	0·72	0·45
1934 ...	12,525,656	365,728	29·20	30·22	249,547	19·92	20·62	1·02	0·70

7. Inspection of Birth and Death Registers.—The public health staff inspected the registers in 12,015 out of a total of 32,496 registration stations in the province, and verified 489,517 entries compared with 483,321 in 1933. District officers visited 5,244 villages and verified 91,459 entries compared with 84,512 in the previous year. The following districts returned the highest number of verifications of vital statistics by the public health staff :—Pakôkku 29,876, Shwebo 26,678, Myaungmya 23,261, Akyab 20,888, Lower Chindwin 20,243, Magwe 18,979, Prome 18,823. Very few entries were verified in the districts of Myitkyina 335, Sandoway 4,094 and Thayetmyo 4,656.

The thoroughness with which the verification work was done varied from district to district. Particularly good work was done in Yamèthin district, where 423 omissions were detected out of 9,795 entries verified by the public health staff. The district officers of this district cooperated commendably in this work and they were able to detect 201 omissions in 7,284 entries verified by them. Similarly in Lower Chindwin district, out of 22,806 entries verified by the public health staff and district officers, 526 omissions were detected. Although in Amherst the entries verified totalled only 3,163, the work done seems to have been performed efficiently as 443 omissions were detected. On the other hand verification work by the public health staff in Sagaing district revealed only 42 omissions. The district officers there did better than the health staff, for they detected 109 omissions out of 4,677 entries verified by them.

In Bassein district, registration has for some years been notoriously inefficient. A birth rate of 16·96 and a death rate of 9·44 in 1933 only meant that registration was not complied with. The District Health Officer and Assistant District Health Officer attacked this problem vigorously in 1934, and the percentage of omissions detected in births registration was 15 per cent. of the entries verified. The birth rate of 20·46 in 1934 is nearer the truth, but the corresponding death rate of 12·22 means very bad death registration.

It would seem that the authorities are in a certain number of cases unduly tender with village headmen who fail in their duty regarding registration. The Commissioner, Irrawaddy division, rightly states in his comments on registration in one of his districts, "If rewards are granted for good registration work, then punishments should be inflicted for bad registration work."

There were 4,327 prosecutions for neglecting to report births and deaths and fines were imposed in 3,438 cases, the maximum fine being Rs. 10 and the minimum four annas. The number of headmen dealt with for neglect of their registration duties was 67 of whom 14 were fined, 51 warned and 2 removed.

Rewards were given to headmen in Pyapôn and Magwe districts for good work in registration.

8. Registration of Vital Statistics in Backward Tracts.—The tally system of registration by means of coloured sticks or notched bamboo splits was in force in the Arakan Hill Tracts. In other backward areas such as the Chin Hills, Shan States, and in most of the Kachin village-tracts in the Upper Chindwin, Bhamo and Katha districts, the tally system is being steadily replaced by birth and death registers. Illiteracy of village headmen, difficulty of communications, and, on that account, absence of effective supervision, are the factors that stand in the way of developing a regular system of registration in these areas.

Statement II (a).

The figures from the Salween, Bhamo, Myitkyina and Upper Chindwin districts, which are not regarded as sufficiently accurate for inclusion in the main statements, together with the returns of the districts where the tally system is in force, are published separately in Statement II (a) (pages 86 and 87).

9. Provincial Birth, Death and Infant Mortality Rates—

Statements I, II, IV, IVA, V, VIA, VIB and VIB(a) and Vital Statistics Chart I.

1934.	Rural.	Urban.	Provincial.
Birth rate	29·93	32·39	30·22
Death rate	19·38	30·03	20·62
Infant mortality rate ...	211·31	275·94	219·39

Vital Statistics Chart I at the end of this volume shows the variations in the birth, death and infant mortality rates of Burma since 1872.

BIRTH RATE 30·22.—This year's rate is the highest since 1921 and shows an increase of 0·39 compared with last year and 2·33 compared with the five-year mean.

With the exception of Insein, Pyapôn and Myingyan, all the districts record an excess of male over female births. The number of male births per 100 female births was 104.

The birth rates among the chief communities in Burma are given in the marginal table. The big excess of males over females in the Hindu population (388,134 males to 128,261 females in the 1931 census) explains the low figure for that community.

DEATH RATE 20·62.—This rate is higher than last year by 1·91 and is 1·47 in excess of the five-year mean. At first sight this seems unsatisfactory; for an increase of 1·91 per 1,000 is equivalent to an increase of 23,096 deaths. Against this must be discounted the increase in registered deaths due to better registration, since the continuous agitation that is carried on by this Department to improve registration cannot be without some effect. In addition, the further away we get from the 1931 census figure, on which our rate is calculated, the

greater the tendency to arrive at a deceptively high ratio, since the census figure is now lower than the true population figure.

Having excluded the above factors, the rise in the death rate is due to an increased incidence of 0·11 per 1,000 in plague, 0·06 in cholera, 0·69 in fever and 0·97 under the general heading of "all other causes." Unfortunately, the absence of any skilled diagnosis of the cause of death in the villages makes it impossible to analyse the large increase of 0·97 under the last heading.

The death rates among the chief communities in Burma are given in the marginal table. It may be noted that while among the Buddhists and Christians the male mortality rate is higher than the female, the position is reversed in the case of Mohamedans and Hindus. The same feature is observed in the figures for previous years

Name of community.	Death rate.		
	Male.	Female.	Total.
Buddhists ...	22·18	20·21	21·18
Mohamedans ...	17·25	21·33	18·81
Hindus ...	14·53	22·11	16·41
Christians ...	14·41	13·42	13·93

The VITAL INDEX of the province $\frac{(\text{births} \times 100)}{\text{deaths}}$ is 146·56, compared with 159·40 in 1933 and with 137·17, the average for the last ten years.

INFANT MORTALITY RATE 219·39.—The rate shows an increase of 27·13 compared with last year and 21·12 compared with the five-year mean. Infant deaths form 32·55 per cent. of the total deaths in the province. Of the infant deaths, 12·13 per cent. occurred within one week of birth, 10·35 per cent. over one week and not exceeding one month, 58·56 per cent. over one month and not exceeding six months, and 18·97 per cent. over six months and not exceeding one year. For every 100 females, there have been 117 male infant deaths.

10. Birth Rate (Rural) 29·93.—The rate shows an increase of 0·39 compared with last year and an increase of 2·48 over the five-year mean. Our most accurate rural statistics come from the Hlègu Health Unit area, and there the birth rate was 34·23.

Particularly high rates have been returned from the following districts:—Lower Chindwin 40·43, Sagaing 39·81, Shwebo 39·56 Pakôkku 37·80 and Yamèthin 36·41. In Yamèthin district, there was a marked rise in the rate compared with the previous year. This has been ascribed to increased supervision over registration exercised by the Deputy Commissioner, the township officers and the public health staff. The district has had a good record for birth registration over a number of years. There was a welcome increase of 6·57 in the birth rate for Toungoo district. The 1933 low figure of 20·75 was altogether due to inefficient registration.

Very low rates were returned from Thayetmyo 16·38, Bassein 20·46, Thatôn 21·10 and Pegu 21·57. These districts returned very low rates during the previous three years. Low as this year's figures are they still represent a slight improvement on the previous year.

The District Health Officers and Deputy Commissioners concerned are taking active steps to improve registration still further.

In Mergui district 26·26, the rate recorded for the year is 8·33 less than last year. There is no doubt that registration in this district has got a severe set back. The question has been represented strongly to the Deputy Commissioner, and an improvement is hoped for.

11. Birth Rate (Urban) 32·39 :—

Statement
VIB.

Year.	No. of births in towns.	Rate.
1929	39,615	31·60
1930	39,707	31·67
1931	41,824	29·67
1932	43,968	31·20
1933	45,212	32·01
Quinquennial mean	...	31·21
1934	45,760	32·39

The birth rate of 32·39 is the highest yet recorded in the province. The above table shows that on the whole registration of births in towns is improving. Out of 75 towns included in Annual Statement VIB (pages 108--111) 36 showed an increase in birth rate over the previous year and 37 returned rates higher than the provincial urban birth rate.

The following towns recorded the highest birth rates :—

Mandalay 58·49, Taungdwingyi 49·05, Môngywa 43·61, Shwebo 43·59, Maymyo 43·59.

Mandalay's figure is the highest yet recorded for the town, being 2·91 in excess over the previous year's rate and 6·77 higher than the quinquennial mean. It is noteworthy that this town has been recording very high birth rates during the last 15 years. In Taungdwingyi, the figure is also a record for the town. In Môngywa, although the rate is 0·65 less than the previous year's rate, it is 2·51 more than the quinquennial mean. The registration of vital statistics in this town has been steadily improving since 1931, and the improvement is ascribed to the appointment of block elders as registrars, thereby bringing the registration stations nearer to the people. In Shwebo, a steady fall in the birth rate has been observed during 1933 and 1934. The fall is ascribed by the health officer to the fact that in previous years, in their eagerness to earn more fees for registration work, the registrars used to register births and deaths occurring in the villages outside the municipal boundary.

Marked increases in birth rates compared with the previous year were shown by the following towns, the increases being given in brackets :—

Pyawbwè 41·50 (+11·76) ; Minbu 41·47 (+4·83) ; Shwedaung 37·70 (+14·51) ; Thôngwa 33·87 (+5·13) ; Bhamo 33·08 (+5·74) ;

Ngathaingyaung 32·16 (+9·67). These increases are mainly due to better registration and more rigid supervision, and the local authorities are to be congratulated on the improvement.

Apart from cantonments, the *following towns recorded very low birth rates* :—

Akyab 18·82, Insein 19·43, Myitngè 19·54, Thingangyun 20·17, Kalaw 20·99, Pyapôn 21·88, Zigôn 22·15, Letpadan 22·04, Thamaing 22·32. A low birth rate in Akyab and Insein is to be expected on account of their preponderantly male population. In Myitngè, the rate is 7·39 less than that for the previous year. It is stated that the population in the town has been reduced owing to the reduction of railway staff and this possibly accounts for the low birth rate. The low birth rates returned by the other towns are mainly due to indifferent registration.

Two towns, *viz.*, Yandoon and Kyaikto returned greatly decreased birth rates compared to the previous year. In the case of Yandoon with a decrease of 9·07 it has been stated that the public health inspector checked the accuracy of birth registration, but the fact that no omissions were detected suggests that defective registration and supervision were responsible for the reduced rate. In Kyaikto, a decrease of 6·51 for the year has been attributed by the health officer to the fact that the population of the town has been speedily dwindling, owing to trade depression and migration to other places in quest of employment. There seems also reason to suspect the accuracy of registration.

12. Death Rate (Rural) 19·38.—The death rate has risen by 1·79 over the previous year and by 1·77 over the five-year mean. Twenty-four districts recorded an increase in rates compared with the previous year. Except under the headings smallpox and injuries there was an increase in mortality in all disease groups. Most of the increase is accounted for under fevers and “all other causes.”

The highest death rates were recorded in the following districts :—

Shwebo 30·48, Lower Chindwin 29·03, Sagaing 28·08 and Minbu 27·71. In Shwebo and Minbu, malaria is a grave problem and swells the figures under the general heading “fevers.” Respiratory diseases showed a marked increase in Lower Chindwin. Sagaing had a greater incidence under smallpox, plague and fevers.

Very low rates have been returned from Thayetmyo 10·02, Bassein 12·22, Thatôn 12·68, Henzada 14·26 and Pegu 14·47. As already stated in the paragraph dealing with the rural birth rate, the registration in these districts was very defective, and the figures returned do not allow of any correct conclusion regarding the state of public health in these areas.

13. Death Rate (Urban) 30·03.—The death rate has risen by 2·81 over the previous year, but is still below the five-year mean by 0·85. There was slightly higher mortality from cholera smallpox and respiratory diseases, but the main increase was under plague, fevers and “all other causes.” Mandalay accounted for the bulk of the increase in plague. The other increases were fairly generally distributed.

Statement
VIA.

Statements
VIB, VIB^(a)
and Vital
Statistics
Chart II.

Owing to the better facilities in towns for diagnosis, more detailed information than can be obtained in rural areas is available regarding urban mortality. An analysis of the 1934 figures shows that the main causes of death in urban areas were infantile diseases (convulsions, malnutrition and debility and premature births) 8,183, pneumonia 3,764, old age 3,694, fevers other than malaria 3,007, anæmia 2,801, diseases of the respiratory system (excluding pneumonia and tuberculosis) 2,654, pulmonary tuberculosis 2,221 and malaria 1,604.

The following towns recorded the highest death rates :—

Taungdwingyi 51·92, Mandalay 48·26, Pakôkku 44·21, Lashio 42·91, Salin 42·08.

The high infantile mortality in Taungdwingyi is notorious and accounts for almost half of the total deaths. Smallpox and plague epidemics accounted for a big increase in the death rate of Mandalay. Infantile mortality combined with plague and smallpox swelled Pakôkku's figures, and accurately reflect the congested and insanitary conditions which characterise that town. In Lashio and in Salin malaria is a grave problem.

The following towns returned very low death rates :—

Kyaukpyu 14·89, Letpadan 17·68, Myitngè 17·78, Minhla 17·90.

In Kyaukpyu there has been a wonderful improvement in general health following the effective anti-malarial measures in that place. The absence of any epidemic disease also kept the death rate low. The health officer in his report states that registration in Letpadan is efficient, and the low death rate must therefore be regarded as satisfactory. Myitngè with its large railway workshops has a predominantly male population, mostly in the prime of life. In Minhla, registration is reported on unfavourably and the low death rate is probably inaccurate.

14. Infant Mortality Rate (Rural) 211·31.—

<i>Year.</i>	<i>Rate.</i>
1929 ...	... 213·01
1930 ...	... 191·45
1931 ...	... 177·89
1932 ...	... 171·37
1933 ...	... 181·52
Five-year mean	... 186·14
1934 ...	... 211·31

The infant mortality rate in the Rural Health Unit, Hlègu, was 189·21 in 1934.

The following districts recorded very high rates :—

Shwebo 318·28, Lower Chindwin 274·41, Minbu 260·74, Mandalay 256·19.

Ignorance amongst the mothers regarding the elementary factors in the care of a baby, such as its feeding and clothing, is general throughout the province. The antediluvian methods of the amateur midwife (the *wunswe*) take their toll. Added to this, in Shwebo and Minbu malaria causes many infant deaths.

In commenting upon the infant death rate in his district, the Deputy Commissioner, Prome, writes : " The only way of removing the ignorance and apathy, which prevail among Burmese mothers in rural areas regarding the care of young children, is a network of infant welfare societies with a corresponding staff of health visitors and midwives. This is I fear as yet beyond the means of the country, and no such society has been established in the rural areas of this district. Experience in Prome town shows that when facilities exist and are brought to the notice of the poorer classes, they are eager to take advantage of the facilities. The three results system midwives employed in the rural areas of this district are doing useful work, but there are too few of them for getting beyond the fringe of the problem."

Statement
VIB (a) and
Vital Statistics
Chart II.

15. Infant Mortality Rate (Urban) 275·94.—The rate is 8·69 more than that of the previous year, but is 3·42 less than the five-year mean. An increase in the rate has been recorded in 46 out of 75 towns.

The following towns recorded very high rates :—

Myingyan 460·78, Myinmu 457·45, Taungdwingyi 444·99, Pyawbwè 425·00, Ye-U 418·44, Moulmeingyun 408·87 ; that means six towns with a rate of over 400 infant deaths per 1,000 births. Eighteen towns recorded rates between 300 and 400. Previous annual reports and the publicity bureau of this Department have endeavoured to awaken the public to the grave importance of these figures. The total of infant lives lost in towns in 1934 was 12,627. Of these, 19 per cent. died in the first week ; 9 per cent. between one week and one month ; the large bulk, *viz.*, 55 per cent., perished between the ages of one and six months. The section of this report dealing with maternity and child welfare gives an account of the progress which is being made in reducing this lamentable child mortality. It suffices to say here that the problem is second to none in importance in this province, and that its solution lies not in the isolated efforts of public health enthusiasts, but in the combined action of all who are charged with responsibility for the people's welfare.

Statement
VIB(a).

16. Still Births and Maternal Deaths.—There were 924 still births in rural and 2,720 in urban areas, giving ratios of 0·29 and 5·94 respectively per hundred live births.

The number of deaths in the province ascribed to the effects of child birth was 1,626, of which 1,143 were in rural and 483 in urban areas. The maternal death rate for the province was 4·45 per 1,000 live births, and the rates for rural and urban areas were 3·57 and 10·56 respectively.

The rural figures are open to grave doubt. Under the regulations, any death occurring within fourteen days of birth has to be recorded as due to the effects of childbirth. It is feared that village headman, who are the rural registrars, ignore the regulation to a considerable extent. The correct maternal death rate in rural areas therefore is probably well in excess of that recorded.

In urban areas the highest rates were recorded in Zigôn 35·46, Sandoway 28·30, Salin 28·23, Nyaunglebin 26·52, Kyaikto 25·16, Shwe-gyin 25·00, Moulmeingyun 24·63, Thamaing 23·81, Myingyan 23·53, Pyapôn 22·22, Pyawbwè 20·83 and Yandoon 20·49.

CHAPTER III.

The State of Public Health in the Province.

17. State of Public Health.—The following table gives a comparison between our rates and those of the other provinces in India for the year 1934 :—

Province.	Birth rate.	Death rate.	Infant Mortality rate.
Assam	30·62	19·64	165·36
Bengal	29·34	23·58	189·2
Bihar and Orissa	33·6	26·05	149·95
Bombay	35·79	25·42	167·37
Central Provinces	44·80	37·22	253·47
Madras	36·17	24·95	192·68
North-West Frontier Province	30·83	21·06	134·29
Punjab	40·01	27·70	187·40
United Provinces	36·74	26·75	184·64
Burma	30·22	20·62	219·39

In the above table, Burma records the second lowest birth rate and the second lowest death rate. This was also its position in the table in 1933. The infant mortality rate, which was fourth in India in 1933, has now reached the unenviable position of second, being exceeded only by the figure from the Central Provinces.

Another table shows the comparative mortality from the principal diseases in 1934 and the mean of the previous five years :—

Diseases. (1)	Death rates per 1,000 of population.					
	Rural.		Urban.		Combined.	
	5 years' average.	1934.	5 years' average.	1934.	5 years' average.	1934.
Fevers	7·32	8·38	3·64	3·26	6·89	7·78
Respiratory diseases	0·31	0·41	6·29	6·12	1·01	1·07
Dysentery and diarrhoea	0·38	0·30	1·68	1·26	0·54	0·42
Injuries	0·32	0·35	1·06	0·88	0·41	0·41
Plague	0·05	0·05	0·77	1·23	0·14	0·19
Smallpox	0·09	0·06	0·37	0·66	0·12	0·13
Cholera	0·17	0·07	0·25	0·08	0·18	0·07
Infantile convulsions, mal-nutrition, debility, premature births	*	*	*	5·79	*	*
All other causes	8·95	9·76	16·82	10·75	9·87	10·55
Total	17·61	19·38	30·88	30·03	19·15	20·62

* Figures not available.

Statements
II, VI-A,
VI-B and
VII to XII
and Vital
Statistics
Charts
I to III.

In the rural areas, fevers and "all other causes" are the highest causes of mortality. As stated elsewhere in this report, a big proportion of the deaths from fevers is due to malaria, and there is no doubt that under the heading "all other causes" are included a large number of infant deaths. Fevers and child mortality are as far as we know our severest problems in the rural areas.

In the towns, respiratory diseases, infantile diseases and fevers take the biggest toll. Our better facilities for diagnosis in towns has given the information that 34·8 per cent. of the deaths from fevers in 1934 were caused by malaria. The high death rate of 10·75 due to "all other causes," when analysed, is found to be mainly the result of general debility, anæmia, diseases of the digestive, circulatory, urinary and nervous system in that order.

Compared with previous years, there is nothing in the 1934 figures and reports to show that any grave deterioration in health is occurring. On the other hand, progress in health measures is to be noted in some directions, particularly in the matter of child welfare and health propaganda. The return of cholera in epidemic form in the year under review was a grim reminder of the unsatisfactory state of insanitation in which the large majority of the inhabitants of this province exist. The improvement of this low standard of environment, and the dispelling of the prevailing ignorance in the minds of the people regarding elementary principles of hygiene, constitute a task that will tax fully the energies of those who are desirous of seeing Burma take its place as one of the progressive and healthy countries of the world. The improvement of environmental sanitation for the inhabitants is a matter which rests for the most part with the elected local bodies, both municipal and district. Their responsibilities in this matter are fairly new, and it has to be recorded that in some cases the full importance of these responsibilities has not yet been fully recognized. Financial stringency since the depression has been a big factor in limiting the progress of even the most earnest of reformers. With signs of returning prosperity, there is hope that more funds will be available for both Government and local bodies to invest in improving health conditions in the province.

A special chapter in this report is devoted to maternity and child welfare. In the development of this work probably lies the best method of bringing into the homes modern and progressive ideas in relation to health. The duty of the health visitor is not confined to advising regarding the health of the mother and the child, but it also includes instructing and encouraging the people to keep their surroundings clean, and to take advantage of such effective means of preserving health as vaccination and inoculation. This is kept in mind in the curriculum of and training given at the Burma Health School for health visitors. The aim of the school is to qualify the students for the

wider role of a public health nurse, rather than make specialists of them in child welfare work alone. In developing this public health nursing service, this Department believes that one of the most important needs in this province is being met.

An encouraging sign for the future is the growth of propaganda work on the part of unofficial agencies. The Youths' Improvement Society and the Young Men's Christian Association have been prominent during the past year in arranging lectures and bringing before the public the importance of health matters. The provincial newspapers have been generous in giving publicity to such activities. Altogether, it would seem that there was in 1934 a definite advance in the recognition given to the urgency and importance of the problems relating to the public health of the province.

CHAPTER IV.

The Chief Diseases in the Province and their Epidemiology.

18. Cholera (Provincial) 0·07.—In his annual report for 1932, the Director of Public Health referring to the low figures for cholera in that year stated: "The conditions favouring an outbreak are still generally present, and the influences which have limited the spread of this fatal disease may be removed at any moment." The reduced incidence was unfortunately shortlived. It lasted throughout 1933, but in the autumn of 1934 the disease reappeared in epidemic form and continued with increasing severity up to the end of the year. Its appearance at this season of the year was quite unusual; a study of the seasonal distribution of cholera in Burma shows that its highest incidence has usually been in the months of April and May. Past epidemics have usually made their appearance in the spring.

Statements II
and VII and
Vital Statistics
Chart III.

Starting in Myaungmya district in October it spread to the adjacent districts of Maubin and Pyapôn. Bassein became involved in November. These four districts situated in the Delta are characterised by a network of waterways, with a large proportion of the population living and moving about in boats. The river in many cases fulfils the threefold function of a water supply, a washing place and a latrine. Once cholera broke out, everything favoured its spread and in a short time cases were occurring simultaneously in several parts of the affected districts.

Cholera (Rural) 0·07.—The rate shows an increase of 0·06 over last year but a decrease of 0·10 compared with the five-year mean. Myaungmya district had 293 attacks with 278 deaths. Originating from a forest camp in the township of Moulmeingyun, the epidemic became widespread, eventually affecting 132 village-tracts. This district had the advantage of a wholtime health officer, who with his staff worked

Statement
VIA.

strenuously to check the spread of the disease. In Pyapôn district there were 234 attacks with 225 deaths. The incidence was proportionately heavier than in Myaungmya. Bassein had 60 attacks with 54 deaths. The Health Officers of all three districts emphasise the heavy incidence in the villages along the river banks, and there is no doubt that the polluted creeks formed a steady source of infection. There was an outbreak of cholera in Mergui district which lasted from April to August causing a total of 86 deaths. This outbreak seemed to have no connection with the severe epidemic which spread through the Irrawaddy division. In Akyab there was a total of 24 deaths spread over the months of April, May and June.

Statement
VIB.

Cholera (Urban) 0·08.—This rate shows an increase of 0·04 over the previous year and 0·17 below the five-year mean. A total of 116 deaths from this disease was recorded in towns. Altogether 15 towns were affected, those with the highest number of deaths being Moulmeingyun 34, Kyaiklat 25, Wakèma 12, Mergui 11 and Bassein 10.

19. Anticholera measures.—The public health staff in the affected districts was reinforced at an early date. Inoculation with anti-cholera vaccine was offered freely from the beginning. The public was sceptical at first, but intensive propaganda brought a better response. The villagers then began to recognize that the inoculated persons remained unattacked by the disease, and there were some dramatic instances of the only uninoculated member in a family dying of the disease while the rest of the family remained unattacked. The news of such happenings spread and helped to popularise inoculation and, as a result, a total of 96,224 persons had been inoculated by the 31st of December. The inoculation figures for individual districts were Myaungmya 39,051, Pyapôn 25,310 and Mergui 16,880.

To purify the water in the creeks was of course out of the question, but wells and tanks were treated to as large an extent as possible with bleaching powder. The village conditions did not permit of segregation to any appreciable degree.

Statements II
and VIII and
Vital Statis-
tics Chart III.

20. Smallpox (Provincial) 0·13.—The incidence of this disease was slightly in excess of the previous year's rate and of the five-year mean. As in 1933, the infection was widespread, only two districts being entirely free from the disease, namely Akyab and Amherst. The seasonal distribution of most of the cases was, as usual, from March to May, the lowest incidence being in October. More than half the cases (67·08 per cent.) were among people over 10 years of age. It is reasonable to believe that many of these were vaccinated in childhood, and the figure shows how necessary it is in this province to get people revaccinated in order to keep up immunity against the disease.

Statement
VIA.

Smallpox (Rural) 0·06.—This rate is 0·04 less than that of 1933 and 0·03 less than the five-year mean. The worst affected

district was Sagaing where there were 642 attacks with 156 deaths. The disease was widespread, 86 villages being affected. As the Vaccination Act was only made applicable to Sagaing district in the year under review, the vaccination state of the people must be below the average, and it will take some time to make up the ground lost during the years previous to 1934 when the District Council refused to see the wisdom of making vaccination compulsory. In Minbu district there were 345 attacks with 58 deaths. This is a low mortality rate. Many of the cases were modified by the fact that the patients had been vaccinated in early life. Pakôkku district had been comparatively free from smallpox since 1931, but in the year under review there were 359 attacks with 73 deaths.

Smallpox (Urban) 0·66.—The rate is 0·38 greater than the previous year and 0·29 over the five-year mean. The disease occurred in 34 out of the 75 towns in the Province, causing 937 deaths. *Mandalay*, with 535 deaths, was the victim of a very severe outbreak, which raged from February to July, the highest incidence being reached in April. The areas attacked were those west of the railway station and on each side of the Shwetachaung, which is a main drain flowing through the town. Conditions in this area as far as sanitation goes are quite rural, with the added disadvantage of a state of congestion not found in the villages. This part of Mandalay is also a bad plague area, and undoubtedly the low standard of environmental sanitation is a big factor in the outbreaks of epidemic disease which occur there.

Statement
VIB.

The vaccination figures for Mandalay show that in the seven years preceding the 1934 epidemic 103,638 persons had been successfully vaccinated, constituting 77 per cent. of the Mandalay population. The epidemic shows that this high protection figure was inadequate. The health officer and his staff tackled the situation energetically, and vaccination centres were set up at various points in the town. A total of 80,541 vaccinations and revaccinations were carried out. Mandalay should be well protected against smallpox now, and it is satisfactory to record that the disease has not reappeared since it subsided in July 1934.

Pakôkku, which has been comparatively free from smallpox since 1928, had an epidemic causing 92 attacks with 87 deaths. The vaccinations performed during the epidemic totalled 4,255, but insanitary and congested conditions in Pakôkku favour the spread of any form of epidemic once it gets started. *Bassein* had 180 attacks with 74 deaths, and the vaccinations during the epidemic amounted to 11,586.

An analysis of the figures given by health officers, for the incidence of the disease amongst the vaccinated and the non-vaccinated population, showed clearly the benefit conferred by recent vaccination.

21. Smallpox cases treated in hospitals.—It is reported that 481 cases were treated in hospitals, of whom 388 were in the contagious diseases hospitals at Rangoon, Mandalay, Bassein, Akyab

and Syriam. The balance of 93 cases were treated in the isolation wards or contagious diseases sheds attached to civil hospitals. The histories of these 481 cases show that 300 had been vaccinated at some time or other and 181 unvaccinated. The mortality rate among the unvaccinated was 18·23 per cent., that among the vaccinated being 4·33 per cent.

Statements II
and XII and
Vital Statis-
tics Chart III.

22. Plague (Provincial) 0·19.—The rate is 0·11 higher than last year and 0·05 more than the five-year mean. As usual the seaboard districts of Arakan, Tavoy and Mergui remained free. The one death that occurred in Mergui district was imported from Moulmein by steamer, and was detected when the patient reached Victoria Point. Pyapôn and Lower Chindwin districts reported no case. The remaining districts were all infected. The seasonal incidence was normal, the majority of cases occurring between December and March.

Statement
VIA.

Plague (Rural) 0·05.—The death rate is the same as the five-year mean but is 0·01 in excess of last year. Twenty districts reported deaths. *Sagaing district* was the most heavily infected, with 131 attacks and 101 deaths spread over 21 village tracts. This is the severest outbreak since 1928 in this district, which has been infected each year for the last two decades. In *Meiktila district*, the disease is also endemic and 119 attacks with 86 deaths occurred in 1934. Heavy incidence was reported from Myingyan 97, Magwe 52 and Pegu 45. Prompt and concerted measures were taken in *Magwe* by the District Health Officer in consultation with the Deputy Commissioner, and 7,490 inoculations were performed. In the months of August to December there was an outbreak in the Western, Yawnghwe and South-eastern subdivisions of the Southern Shan States where 157 attacks occurred with 99 deaths. It is stated that it was the first appearance of the disease in most of the villages. This caused delay in reporting outbreaks.

Statement
VIB.

Plague (Urban) 1·23.—The rate is 0·88 more than the previous year and 0·46 more than the five-year mean. The total of plague deaths was 1,736 spread over 41 towns, compared with 498 in 30 towns in 1933.

Mandalay with a death rate from this disease of 6·80 per thousand bore the brunt of the epidemic which occurred in early 1934, and accounted for almost half the deaths in the province from this disease. There were 948 attacks with 918 deaths. The epidemic prevailed between January and April, being a continuation of the outbreak which had started in November of the previous year. Since plague first appeared in Burma in 1905, it has taken a large toll of life in this town. The figures since 1913-14 show a definite periodicity. An epidemic occurs in alternate plague seasons, the season being usually from November to March. Further, over a group of six years, the outbreaks increase in intensity in succeeding epidemic years, followed

by a reduction in intensity at the beginning of the next six years. The plague season of 1931-32 had a moderate epidemic followed by this severe outbreak in 1933-34. If the periodicity is maintained, the prospects for 1935-36 are that Mandalay will have an extremely bad epidemic. Measures described in the next paragraph are now in force, which it is hoped will help to avert this calamity and, at any rate, keep the figures down to reasonable proportions.

Myanaung with a death rate of 6.28 is another town from which plague is seldom absent in any one year. There were 62 attacks with 57 deaths, and a wholtime subassistant surgeon of the Public Health Department was on special duty there for three and a half months. In *Nyaung-U*, with a death rate of 5.17, there were 42 deaths, the epidemic being a continuation of the outbreak in 1933 when *Nyaung-U* had recorded the highest death rate in the province from this disease. Other towns recording high rates were *Ngathaingyaung*, *Taungdwingyi* and *Gyobingauk*. In *Gyobingauk* the epidemic continued for nine months. The inefficiency of the municipal health administration and the indifference of the committee and inhabitants in this town are grave obstacles to preventing the outbreaks of plague with which the place has been visited practically every year since 1910.

23. Antiplague Measures. (a) *Rat Destruction.*—The total number of rats killed by trapping and smoking during the year was 802,185 compared with 724,165 in 1933. As in previous years, the large majority, *viz.* 734,689, were reported as killed in the Rangoon Corporation area. Rat destruction on the same lines was reported from *Minbu* 14,767, *Syriam* 8,232, *Mculmein*, 6,063, and *Henzada* 5,528. In rural areas rat trapping was carried out in the *Hlègu* Rural Health Unit and in *Myaungmya* and *Katha* districts.

It has long been felt that trapping and smoking of rats are not likely to bring about any appreciable reduction in the rat population of the province and in the incidence of plague. The success gained in the Madras Presidency, where the fumigation of rat burrows with cyanogas seemed to bring about a definite reduction in plague in *Cumbum*, encouraged this Department to introduce this method of rat destruction in July 1934. A start was made in *Mandalay*, and the early success met with in that town resulted in a circular being issued to all health officers, asking that the cyanogas method of rat and rat flea destruction should be taken up. The response has been satisfactory, in so much that 44 Municipalities and 19 District Councils purchased the necessary apparatus with a supply of cyanogas. Municipal and rural health staff have been trained by officers of the Public Health Department. This all took time and the use of cyanogas up to December 1934 cannot be described as general. In *Mandalay*, however, a well organised campaign was kept up and is continuing throughout 1935, in the hope that the expected epidemic in

the plague season of 1935-36 will be averted. By the end of 1934, four gangs were employed in this work in the plague infected areas of Mandalay, and they were able to treat 43,500 rat holes in 5,920 premises. The cooperation of the inhabitants has been excellent and any opposition negligible.

(b) *Inoculation*.—The total number of inoculations performed during the year was 103,667, an increase of 32,743 over the previous year. Of this year's total, 43,632 were done in the rural areas and 60,035 in towns. The response of the public to inoculation is improving, and its value as a protection against the disease is being recognized in a steadily increasing way.

The largest inoculation figures come from :—

Rural areas.—Magwe 7,490, Thatôn 7,001, Southern Shan States 6,125, Meiktila 5,834 and Sagaing 5,622.

Towns.—Mandalay 17,045, Taungdwingyi 5,429 Pyinmana 4,857, Sagaing 3,997, Yenangyaung 2,955 and Thatôn 2,450.

In addition to rat destruction and inoculation, the other preventive methods adopted were general cleaning of houses and streets, disinfection of infected houses, segregation of contacts and, to a limited extent, isolation of cases, and in some instances, voluntary evacuation of houses.

Statements
II, VIB and
IX.

24. Fevers (Provincial) 7·78.—There was an increase of 0·69 over 1933 and 0·89 over the five-year mean. Under the general heading "fevers," 37·74 per cent. of the total deaths in the province were recorded. A large proportion of these "fevers" is undoubtedly malaria, and this is borne out by the fact that the highest number of deaths from "fevers" was recorded in December, in which month the highest number of deaths from malaria was also reported. A separate chapter in this report is devoted to malaria (page 30).

Statement
VI-A.

Fevers (Rural) 8·38.—The rate is 0·74 in excess of last year and 1·06 more than the five-year mean. High rates were returned from the districts of Shwebo 15·91, Minbu 14·96, Tavoy 13·38, Akyab 13·10, Prome 13·07, Mandalay 11·88 and Pakôkku 11·39. Owing to the lack of medical men in the rural areas any discrimination between the various forms of fever as a cause of death is impossible. It is known that malaria is highly endemic in certain parts of these districts.

Statements
VI (B) and
VIB(a).

Fevers (Urban) 3·26.—The rate is 0·31 higher than last year but is 0·38 less than the five-year mean. There were in all 4,611 deaths under this general head, representing 11 per cent. of the total urban deaths. Of these, 1,604 have been ascribed to malaria, 267 to enteric, 73 to influenza, 29 to measles, 27 to diphtheria, 9 to kala-azar, 7 each to cerebrospinal meningitis and blackwater fever, and one each to typhus and acute poliomyelitis. Unclassified "fevers" amounted to 2,579.

In the year 1933, the Director, Pasteur Institute, Rangoon, reported a certain number of positive findings when the Weil Felix test was done on blood specimens submitted to him. This drew attention to the possible prevalence of typhus or typhus-like fevers in the province, and all civil surgeons were asked by the Inspector-General of Civil Hospitals, Burma, to send specimens of blood serum for examination from cases which possibly suggested typhus or typhus-like fevers. Between January and April 1934, the Civil Surgeon, Henzada, sent specimens from 7 suspected cases, and of these 3 were reported by the Director of the Pasteur Institute as positive typhus of the "shop" type. The remaining cases are stated to be probably typhus of the "scrub" type. Altogether 18 positive findings were reported during the year by the Pasteur Institute. With a view to obtaining data regarding the prevalence of this disease in Burma, the Local Government has declared this group to be a dangerous disease notifiable within all municipalities and notified areas in Burma. An investigation into the history of most of the cases has up to now failed to reveal any particular factor which might be concerned in the infection.

25. Enteric Fever 0·19.—The total number of deaths recorded is 267, which, it is considered, does not represent the true incidence of this type of fever. Bacteriological diagnosis is only resorted to by private practitioners in a small proportion of the cases of fever, and it is believed that a number of enteric infections are missed. The disease is notifiable in towns. Of the cases reported from Mandalay, 76 per cent. had a fatal ending, which high figure suggests that many non-fatal cases probably went unreported. High rates of mortality from enteric fever have been reported in Magwe 0·97, Ngathaingyaung 0·93, Mawlaik 0·88, Maymyo 0·84, Kyaikto 0·76, Sagaing 0·64, Myitkyina 0·68, Moulmein 0·56 and Mandalay 0·50.

Statement
VIB (a).

26. Dysentery and Diarrhoea (Provincial) 0·42.—There is nothing particular to report regarding the incidence of this group of diseases, which showed a very slight increase of 0·01 compared to the previous year, but the rate is still below the five-year mean by 0·12. Deaths from this group totalled 5,031, which is 2·02 per cent. of the total provincial deaths. The largest number of deaths occurred in July and August. The lowest number of deaths occurred in February.

Statements
II, VIB and
X.

Dysentery and Diarrhoea (Rural) 0·30.—This figure is 0·01 higher than last year's figure but is better than the five-year mean by 0·08. The districts which reported the highest death-rates were Pyapôn 0·99, Mergui 0·68, Lower Chindwin 0·63, Pakôkku and Myaungmya 0·55 each. No severe outbreak was reported from any particular area.

Statement
VIA.

Dysentery and Diarrhoea (Urban) 1·26.—The rate is 0·05 below the previous year and is 0·42 below the five-year mean. The towns with the highest figures were Pyu 4·87, Yenangyaung 3·15,

Statements
VIB and
VIB(a).

Kyaiklat 3·10, Magwe 2·56, Moulmeingyun 2·45, Salin 2·40, Pegu 2·27 and Myaungmya 2·06.

Statements
II, VIB and
XI.

27. Respiratory Diseases (Provincial) 1·07.—This figure is 0·07 higher than last year and 0·06 over the five-year mean. The months of April to June show the lowest incidence for this group of diseases. Deaths were scattered fairly evenly throughout the rest of the year, with the highest figures in August and December. The higher mortality amongst males in the proportion of 135 : 100 was practically the same as in the previous year.

Statement
VIA.

Respiratory Diseases (Rural) 0·41.—This is 0·08 higher than last year and 0·10 over the five-year mean. The districts recording the highest rates are Lower Chindwin 4·86, Akyab 1·08, Pyapôn 0·81 and Amherst 0·76. The Lower Chindwin figures have been the subject of investigation for the last three years. Previous to that, faulty classification, when the figures were compiled in the township officers' offices, kept the Lower Chindwin rate for this group very low. Improved classification has resulted in a marked increase in the last three years. The District Health Officer states that he believes respiratory disease to be extremely prevalent, but the big discrepancy between the present high rate in the Lower Chindwin district and those for other districts is hard to understand.

There are no separate figures for tuberculosis in rural areas, as village headmen cannot discriminate it from other respiratory diseases.

Statements
VIB and
VIB(a).

Respiratory Diseases (Urban) 6·12.—This is 0·11 higher than 1933 but is 0·17 lower than the five-year mean. This group of diseases accounted for 8,639 deaths in towns, constituting one-fifth of the total urban deaths. Towns returning the highest rates for respiratory diseases in general were Myingyan 14·85, Taungdwingyi 13·55, Magwe 10·35, Môngywa 10·09, Minbu 9·83 and Thatôn 9·61. The high rate from Myingyan is partly attributed to the fact that its dry climate is popular amongst Burmans suffering from respiratory diseases, and they go to stay in Myingyan in the hope of benefiting their health.

The urban ratio for pulmonary tuberculosis is 1·57, the highest rates coming from Thamaing 3·72, Moulmeingyun 2·97, Salin 2·86, Bassein 2·72 and Kyaikto 2·72. Thamaing has reported the highest rate amongst towns for pulmonary tuberculosis in the years 1933 and 1934. This area, situated as it is in the suburbs of Rangoon, is becoming increasingly industrial in character. The control of housing and factory conditions in developing areas such as this is most important. One day, Thamaing and the adjoining town committee areas will form part of Rangoon City, and there is a definite necessity for the appointment of a wholtime health officer now to ensure that development is carried out in accordance with the requirements of public health. The District Health Officer, Lashio, has some interesting remarks to make regarding tuberculosis in his district. He considers phthisis a common complaint

in the Northern Shan States, occurring mainly amongst the alien population of Ooriyas, Chinese, Gharwalis and Gurkhas. The Shans, who are the local inhabitants, are remarkably free from it. The climatic conditions of the locality are not suitable for consumptives, and the prevalence of malaria is an important predisposing factor in the occurrence of the disease.

28. Beri-beri (Rural).—Only inadequate figures are available for this disease in the rural areas. Its prevalence is recognised in the Upper Chindwin, Mergui, Toungoo and Kyaukpyu districts. In the *Upper Chindwin* and *Toungoo*, it is commonest amongst the mahouts of the timber camps. Its incidence is generally associated with cold and damp conditions, and the District Health Officer, Upper Chindwin, states that as soon as the cases are moved out of the camps and brought to Mawlaik hospital, they make a rapid recovery. The cold and damp conditions are probably only a contributory cause, and as far as can be ascertained the cases are due to Vitamin B deficiency in deteriorated rice. In *Mergui*, the disease is practically confined to the Telegu coolies, who are reported to live on a low scale of diet. Few cases are noticed amongst the Burmans. In *Kyaukpyu*, it occurs in the Cheduba Island and to a lesser extent in Ramree Island. In the *Southern Shan States*, a few cases occurred in Loimwe and Kengtung towards the end of the monsoon, and are said to have been of a sporadic nature.

Beri-beri (Urban) 0·12.—The rate shows an increase of 0·02 compared with last year but a decrease of 0·03 compared with the five-year mean. The highest death rates for this disease came from Ngathainggyaung 1·30, Mergui 0·88, Allanmyo 0·64, Danubyu 0·63 and Yandoon 0·60. In *Mergui*, the Telegu coolies are said to have been the main sufferers, and in *Moulmein* this was also the case. In *Syriam*, 29 cases were admitted to the hospital of whom 7 died. Of these 16 were imported and 13 indigenous. Almost all were coolies who were unemployed, and in consequence ill-fed and undernourished.

Statement
VIB (a)

29. Goitre.—The prevalence of this disease is mentioned in the annual reports from the Northern Shan States, Mogôk and Toungoo district. In the *Northern Shan States*, it is found amongst the Palaungs and the Kachins living at comparatively high altitudes. In the *Chin Hills*, it is very common in the Falam subdivision. In *Mogôk*, 995 cases attended the hospital during the year, and in *Pakôkku* district, cases were treated at the Gangaw hospital. In this district it is common in the Tilin, Saw, Gangaw and Pauk townships. In *Toungoo*, it is common in Leiktho township and is said to be confined to the Shan villages.

30. Yaws.—This disease is very prevalent in Mergui and Tavoy districts. In *Mergui* it is said to have been confined to Salons, Malays and Siamese, but it is now spreading among Burmans and Karens who live in the interior of the district. It is regrettable that financially

stringency made it impossible to continue the cooperation between the Mergui District Council and the Deputy Commissioner's Local Fund, Tavoy, which, in the previous year, had enabled an effective treatment campaign to be carried out in the upper reaches of the Tenasserim river. In that year a subassistant surgeon had traversed the affected area and had treated over 500 cases. Similarly in *Mandalay* district, where a survey of *yaws* had been carried out, the District Council was unable to provide funds for treatment. In the *Upper Chindwin* district, *yaws* is common in the old Maingkaing and Mingin townships, which are far away from hospital treatment. In *Mogôk subdivision*, the villages of Letpangon, Sezingon and Zigôn were infected, but the medical authorities found it difficult to induce the people to come for treatment. In *Sagaing* and *Katha* districts, in the *Chin Hills* and in the *Lower Chindwin* district, the disease is also reported to be fairly common.

31. Leprosy.—No new leprosy survey was carried out during the year, as it was considered better policy to consolidate the work in the Minbu and Meiktila districts which had been already surveyed. A special officer was stationed in each district for this purpose. The colony which had been opened in Minbu in December 1933 progressed on satisfactory lines, and at the end of the year 34 lepers were residing in it. Its initial expenses were defrayed by a grant of Rs. 500 from the Burma Branch of the British Empire Leprosy Relief Association, Rs. 350 from the District Council, Rs. 100 from the Municipality and Rs. 50 from the Deputy Commissioner's Local Fund. There is a demand for increased accommodation in the colony, and its year's work can certainly be regarded as satisfactory. There are two classes of patients in the colony, private and public. The private patients are given only free treatment and make their own arrangements for food. The expenditure on the public patients is met entirely from the special leprosy fund. The clinics in the towns of Sagu, Pwinbyu, Salin and Sinbyugyun in this district did not meet with the same success. The distances that people had to travel to get to the clinic made it difficult to increase the numbers.

In Meiktila district there were clinics in Meiktila itself, in Mahlaing, Wundwin and Thazi, and the Special Leprosy Officer's energetic work resulted in satisfactory attendances. The leprosy problem in this district is a very serious one. The figure given in the 1931 census for lepers in this area is 1.31 per 1,000, but a survey of 19,249 people showed that the true incidence is 16.57 per 1,000. If this survey ratio is taken as representative of the whole district, which has a population of 309,999, it means that there are over 5,000 lepers in Meiktila district alone. The need for a leper colony is very great and for that reason a local committee consisting of the leading persons in the district was formed in September 1934 to raise funds

and to establish a colony. It is disappointing to record that up to now the difficulties of securing a site have not been solved. Suitable sites are available near Meiktila, but the prejudice, organised or otherwise, of the local villagers against the establishment of a leper colony near them has held matters up. The Burma Branch of the British Empire Leprosy Relief Association is ready to help the colony with a grant, and in fact has already handed over some money for the sinking of a well.

In Môngywa, the excellent record of the leper colony, which was established there in 1927, has been maintained and at the end of the year there were 60 resident patients. In Kengtung in the Southern Shan States, a colony is run by a Roman Catholic Mission and at the end of the year 82 patients were living in it.

32. Venereal Disease.—The venereal disease statistics of this Department, relating only as they do to deaths, afford no criterion of the incidence of venereal disease in the province. Widely varying estimates have been made as to the degree to which it prevails. Hospital statistics afford little clue, as it is believed that only a small percentage seek treatment there, a large number being treated by quacks. The figures obtained from the post-mortem room of the Rangoon General Hospital show that out of 791 cases examined in 1934, 166 or 21 per cent. showed pathological signs of syphilis. The superintendent of the Mandalay hospital sent regularly, from September 1933 onwards, specimens of placental blood taken in the labour room from apparently healthy patients. These were subjected to the Kahn Test and 21·8 per cent. were found positive. Similar examinations of placental blood from the Dufferin Hospital, Rangoon, revealed 3·1 per cent. as positive to the Wassermann Test.

The following remarks are taken from the various annual reports :

The District Health Officer, Henzada, states that the existence of the disease is very high and that all classes of the population are affected. There is a steadily growing desire on the part of syphilis patients for treatment with arsenical injections. Gonorrhœa is usually neglected and usually passes into the chronic stage. In Toungoo district, it is stated that the disease is spreading from the railway towns into the interior villages. The Deputy Commissioner, Myitkyina, comments on the large amount of serious venereal disease in the Fort Hertz hospital among Kachins. The medical officer of the hospital states that venereal disease is common among the Kachins, Nungs and other hill tribes, but that the Shans are comparatively free as their morals are very much better than those of the other frontier people.

Of the towns, Syriam reports that 668 cases were treated in 1934 both indoor and outdoor, compared with 667 in the previous year. All treatments including arsenical injections were given free. Many of the reports from towns lay emphasis on the failure of patients to continue

for a full course of treatment. As soon as symptoms are relieved they stay away. In the Myaungmya report, it is stated that there is a belief that injections with arsenical drugs shorten the life by so many years, and that patients are unwilling, once the symptoms have disappeared, to undergo what seems to them an unnecessary and additional treatment.

33. Rabies 0·02.—The death rate was 0·02 which is the same as both the previous year and the five-year mean. The number of persons treated for rabies during the year in all the treatment centres was 3,303, and the daily average attendance for treatment of rabies at the Pasteur Institute, Rangoon, was 74, compared with 64 in the previous year.

During the year bye-laws for the keeping of dogs and the destruction of stray dogs within municipal limits were passed by the Henzada, Pyinmana, Kyônpyaw and Bhamo municipalities.

Stray dog destruction was carried out in the following towns, the figures following the names being the number of dogs destroyed during the year : Mandalay 3,997, Syriam 847, Toungoo 586, Myitnge 578, Myaungmya 489, Maymyo 446, Akyab 378, Taunggyi 373, Pyinmana 343, Sandoway 323, Sagaing 280, Shwebo 240, Kalaw 116 and Thatôn 77.

34. Lead Poisoning.—No cases of lead intoxication were discovered during the year among the employees of the Burma Corporation, Limited, Namtu. Five cases were admitted to hospital for a lesser degree of lead poisoning known as lead impregnation. Four improved after treatment and were allowed to return to work, a change of occupation being recommended ; one was resistant to treatment and was finally discharged with compensation. No cases of lead poisoning were reported from the Burma Railways workshops at Myitnge.

CHAPTER V.

Urban Sanitation.

35. Health Staff.—Four new municipal health officers were appointed during the year in Insein, Myingyan, Pakôkku and Sagaing. Unfortunately, in Myingyan and Pakôkku, the municipal committee was ill-advised enough to appoint an officer who could not be granted a competence certificate, and measures had to be taken to cancel the appointments. In the case of Pakôkku, a qualified health officer has since been appointed, and the question of Myingyan is still under consideration. In previous years it was regarded as necessary that the health officer of a town over 20,000 population should be a graduate with a Diploma in Public Health, while for towns with a population of between 10,000 and 20,000 a licensed medical practitioner, who had passed the examination for the Government of Burma License in

Hygiene, was eligible. To meet the limited financial resources of municipalities, it was agreed during the year 1934 to allow towns up to 25,000 population to employ second class health officers. At the end of the year 8 municipalities out of 9 with a population of over 25,000 had a wholetime health officer, while 6 municipalities out of 18 with a population of between 10,000 and 25,000 had a wholetime health officer. Two towns below 10,000 had a similar appointment.

Progress was made during the year in providing qualified health officers, by holding the Licence in Hygiene Class which was conducted at the Harcourt Butler Institute of Public Health. Four private candidates were trained at Government expense.

A contribution of Rs. 400 in each case, was paid by Government towards the pay of the health officers of Pegu, Henzada, Prome, Nyaunglèbin and Thayetmyo municipalities.

Under section 43 of the Burma Municipal Act every town has to employ at least one Public Health Inspector. Only three towns failed to comply with this order, *viz.*, Minbya, Myitngè and Myinmu.

36. Water Supplies—

AKYAB.—The water works scheme was completed in March 1934 and from that date water was supplied through the new system. Those parts of the town which in previous years suffered from an acute shortage of water received an adequate supply. The pipes were firstly disinfected by heavy chlorination. There are now 159 public street hydrants and 1,310 private house connections. The municipal committee are to be congratulated on having dealt effectively with an acute situation, for the old deteriorated water supply in this town had not alone caused great inconvenience but was a definite danger to the health of the public.

MAGWE.—A piped water supply was made available in the town for the first time during the year. The sources of supply are tube wells on the banks of the Irrawaddy.

MOULMEIN.—The municipal committee sank 5 tube wells in 1933 said to be capable of an output varying from two to three thousand gallons per hour. Before installing a distribution system from these wells, it was essential to carry out tests with a view to finding out what the yield of water would be under prolonged pumping. These tests continued throughout the year and no progress was made therefore with the distribution system.

PYAPÔN.—The installation of 19 additional pumps was completed in 1934. The municipal tanks were protected by barbed wire fencing in addition to the existing wire netting fencing, with a view to lessening the risk of trespass and consequent pollution of water.

PYINMANA.—The municipal committee sanctioned the sinking of a 6 inch tube well and the construction of a pumping plant, but at the end of the year the work had not commenced.

THÔNZÈ.—A new 6 inch tube well was sunk during the year, and the quality of the water is satisfactory.

MANDALAY.—A scheme for consolidating the existing arrangements in connection with the supply of tube well water, and for making the supply available to a larger portion of the population, was under consideration. There is no prospect of the adoption in the near future of the Irrawaddy river intake scheme, which is considered to be the best of the several schemes proposed for this town.

37. Conservancy and Drainage.—A further advance was made towards doing away with the unsatisfactory system of having conservancy in towns carried out by contract. In *Pakôkku* the contract system ceased in September 1934, and conservancy is now being carried out departmentally. Similarly in *Sagaing* the municipality decided to purchase and maintain its own bullocks. In *Thayetmyo*, however, the committee reverted to the contract system on an agreement for one year, and the work has since been reported as unsatisfactory. *Mandalay* purchased new equipment, and in *Maymyo*, the construction of the road leading to the new pail depôt was completed and the depôt was taken into use.

An advance was made in *Syriam* with the drainage system, new drains being constructed at a cost of Rs. 13,000. *Mandalay* has under consideration the raising of a loan for improving drainage, and in *Maymyo* pucca drains were provided in Blocks Nos. 6 and 8.

38. Markets.—The activity in bazaar improvement, which resulted from the Government circular in January 1933 and which was referred to in the annual report for that year, continued throughout the year under review. Commissioners conducted periodical inspections and, as a result, the municipal committees were made aware of the urgent improvements which, in spite of financial stringency, were capable of being carried out. In general, it can be said that an appreciable amount of progress was made.

In *Thôngwa*, the municipality built an excellent cloth bazaar according to the latest type plan, and also rebuilt the floor of the *Konzon* bazaar which in the previous year was in a deplorable condition and was heavily infested with rats. The committee also built cement platforms in the fish and provision sheds, and provided sunshades to the fish market and roof gutters to the vegetable market. In *Syriam*, a new dry goods bazaar was constructed and a portion of the bazaar compound was paved with cement slabs. In *Sandoway*, a satisfactory shed with raised cement platforms and corrugated iron roofing was erected to accommodate the vegetable and fruit sellers. In *Kawkareik*, meat and pork stalls were built, and the fish stall was improved by a cement platform. In *Tavoy*, one block of the new municipal bazaar was completed and the building of the other commenced. Minor improvements are reported from many towns such as *Henzada*, *Akyab*, *Magwe*, *Mandalay*, *Yenangyaung*, etc.

In the past there has been a tendency to erect bazaar buildings of an unnecessarily expensive design. For the ordinary bazaar, which does not require to be locked up at night, a cement floor with cement platforms and cement drains, all of which can be thoroughly washed down with suitable disinfectant each evening, and an adequate roof to keep off sun and rain, is all that is required. The closed bazaars in many towns are unnecessarily lofty and the lighting leaves much to be desired. Plans are now under consideration for designing a bazaar on more modern lines, based on the modern type of factory building with a saw-tooth roof having a north light effect. Such a building would be far better lighted than the old type, and the main question to be decided now is one of expense.

CHAPTER VI.

Rural Sanitation.

39. Health Staff.—The position remained unchanged during the year regarding the superior personnel in rural areas. In Akyab, Myaungmya and Pyapôn districts, there were wholtime health officers and in the remaining 36 districts the duties devolved on the civil surgeon. In four districts an Assistant District Health Officer was posted, namely, Prome, Bassein, Magwe and Mandalay. The subordinate staff included public health inspectors, vaccinators and conservancy personnel. In columns 6 to 8 of Statement B appended to this report (page 78), the subordinate health staff employed in the rural areas is shown. In 7 districts no public health inspector was employed, and in most districts the number employed varied from 1 to 3. To carry out effectively sanitation and inspection duties in the rural areas, a public health inspector is required for each township, and the public health inspector staff in the rural areas at present can only be regarded as altogether inadequate. Once the finances of district councils improve, an increase in this staff should be effected without delay. This Department's cadre of assistant surgeons work in the rural areas, and help out the inadequate staff in times of epidemic disease.

40. Water Supplies.—The provision of adequate and safe drinking water is second to none in urgency among the needs of the rural population in the province. The problem is a big and difficult one. In the Delta, where there is adequate water in the rivers, it is usually dangerously polluted, frequently brackish and unfit as a supply. In the dry zone the inadequate supply in several cases causes acute distress in the hot weather both to man and beast. In recent years, the history of rural water supplies is one of frequent preparation of projects by district councils for approval and the provision of finance by the Public Health

Board, and the approval of the schemes coupled with an expression of the Public Health Board's inability to finance them. The district councils seem to adhere to the view that without help from the Public Health Board they cannot be expected to carry out improvements. While in the case of the poorest districts this may be so, those district councils whose finances are in a better condition require to learn the necessity of relying more on their own resources in carrying out these works. In the year under review, no advance worth recording has been made in any district towards improving the very unsatisfactory standard of water supply. The whole problem of the liability of local bodies and Government for remedying this acute problem is one that requires early consideration.

41. Conservancy.—The campaign to introduce bored-hole latrines in the rural areas continued throughout the year. In Akyab, Henzada, Myaungmya and Pyapôn districts this type of latrine was installed in varying numbers. Where the latrine was properly cared for it has been successful, but in a number of cases its efficiency has been destroyed through the negligence of the inhabitants. From reading the annual reports from districts in 1934, the impression is gained that there is some slight movement in the state of apathy that has characterised the villager regarding his environment. There is a long road to travel before a really appreciable improvement can be brought about. The tying of cattle under houses, the non-removal of rubbish and cowdung, the lack of proper latrines are big obstacles to obtaining anything like clean villages. The Youths Improvement Society, a new body of young men pledged to raise the standard of rural sanitation, has made a start by visiting villages and preaching the benefits of good sanitation, in some cases giving demonstrations of the benefit of the bored-hole latrine. If the Society continues its work on the right lines, it is reasonable to hope for an appreciable effect in the areas in which they work.

42. Rural Health Unit, Hlegu.—The Health Unit, in its fifth year of existence, had a very satisfactory record of work. Each year since the unit was started in 1930 has witnessed the introduction of some additional type of activity and improvement, and the standard of public health administration which has now been reached in the Hlegu township is a satisfactory one. The early period of scepticism and doubt on the part of the inhabitants has been left behind, and the unit is now firmly established, conferring real benefit on the people whom it serves and standing for the rest of the province as an example of progressive rural health work carried out on sound lines.

The unit has met with exceptional success in the matter of elucidating accurate vital statistics, which are necessary if the magnitude of the problems and the results of remediable measures are to be properly assessed. The efficient registration introduced by the unit

has revealed the rather startling fact that the ratios of births and deaths in the township, for the five years previous to the inception of the unit, were in error to the extent of 122·53 per cent. in the case of births, and 76·18 per cent. in the case of deaths. The Hlegu figures can now be considered accurate, and serve as a standard against which the corresponding rates of other rural areas in the province can be measured. In 1934, the birth rate was 34·23, the death rate 21·21 and the infant mortality rate 189·21.

Equally effective has been the success of the unit in improving environmental sanitation, especially in the all important matter of conservancy. In 17 villages in the township, a total of 1,527 bored hole latrines has been installed. At first these were supplied free, and the villagers would probably not have accepted them otherwise. A contribution towards their construction in whole or in part is now asked for according to the means of the householder, while for those who are unable to afford any payment the latrine is still provided free. Payment in all cases is made direct to the contractor by the individual, and the unit does not enter into any part of the transaction except to keep a record of the number of people making such payments.

The value of propaganda has been kept fully in mind and, during 1934, lectures, health conferences, lantern talks, cinema shows and school health talks totalled 307 with an approximate total attendance of 15,636.

School inspection was carried out and the unit endeavoured diligently to secure the adoption of elementary health habits amongst the school children. It is satisfactory to record that there is an increasing cooperation on the part of the teachers in this work. The question of pediculosis amongst children has been tackled, and kerosene soap jelly was issued to the school teachers for distribution to those children affected. Scabies, ringworm and conjunctivitis were treated when encountered.

Plague and cholera were absent from the unit's area. Three cases of smallpox occurred early in April with no death. Later in October an outbreak occurred seven miles north of Hlegu, starting from an imported case from Wanetchaung. Here there were 20 attacks with 6 deaths. Vaccinations carried out during the year totalled 5,647 and the proportion of the population vaccinated since the inception of the unit has now reached 60 per cent.

The unit continued to cooperate in the work of the leprosy clinics at Hlegu and Dabein. Two clinics a week were held in Hlegu and one a week in Dabein. A start was made with the breeding of larvivorous fish (*gambusia affinis*) for distribution in tanks and wells in the villages.

The number of laboratory examinations was 98, the number of visits to clinics 2,089, home visits by the nurse 4,156, antenatal visits by the

midwives 1,416, deliveries 461 and post-partum visits 1,742. An antenatal clinic was held once a week, and 63 pregnant women attended with a total number of 270 visits.

The unit is assuming an increasing importance as a field training centre for public health students. During the year 13 students of the public health inspectors' training class were given a fortnight's practical training, and had an opportunity of assisting in practically every type of work a public health inspector is expected to do. Special training in cyanogas work was given to six subassistant surgeons of this Department, while two newly recruited subassistant surgeons were given general training. The students for the License in Hygiene course totalling five worked in the Unit for a month.

Among the distinguished visitors to the Unit during 1934 were General F. F. Russell, Director, International Health Division of the Rockefeller Foundation, Professor Jameson, Dean of the London School of Tropical Medicine and Dr. W. P. Jacocks, Field Director of the International Health Division of the Rockefeller Foundation.

CHAPTER VII.

Malaria.

43. Malaria (Rural).—This disease is the principal cause of ill-health and mortality in our rural areas. Infection is widespread in certain parts, and the importance of the problem is only equalled by the difficulty of finding a practical solution which will bring about a permanent reduction in the disease. In addition to the deaths caused by malaria either directly or indirectly, the amount of inefficiency that the disease gives rise to is very great. Any big schemes of mosquito eradication by drainage and reclamation are not a practical proposition. The issue of cinchona febrifuge tablets is for the moment our most effective weapon amongst the villagers. If the villager learns the use of quinine, he will be able to reduce the length and the frequency of his fever periods, and thereby lose less in physical strength until, as happens in many cases, he develops an immunity at any rate to the local strain of infection. This policy of issuing cinchona febrifuge tablets was followed out during the year by this department as far as financial circumstances permitted. Free issues were made whenever local authorities applied for them, the governing condition being that the people were too poor to pay for it themselves.

Education in the matter of malaria treatment is very necessary amongst the rural population. In recent years the quack doctors (*sesayas*) in the country districts have spread a belief among the people that they are being attacked by a new disease which they have named *Metkalaung*. This belief started in the Shan States and has now

spread as far as the districts of Shwebo and Amherst. An investigation into what were stated to be cases of *Metkalaung* showed that they were cases of fever, almost invariably malaria. The *sesayas* tell the people that the physical signs are the presence of pimples inside the anal opening, and the common treatment is to prick the so-called pimples with a needle or a thorn. The investigation made by this Department has shown that the pimples exist only in the imagination of the *sesayas*.

To meet this spreading heresy, this Department has prepared a pamphlet in Burmese which will be issued widely to counteract the harmful propaganda of the *sesayas*.

In 1934 a severe outbreak of malaria occurred in the Hanthawaddy district in the Kyauktan, Thôngwa, Kungyangone and Twantè townships. A high percentage of the population was attacked, and relapses were frequent owing to the villagers having to return to the fields to reap their crops, immediately after an attack of fever had subsided. The mosquito responsible for the infection was thought to be *A. aconitus*, as no other species was found breeding. Most of the villages have on an average three tanks containing fresh water which is overgrown with aquatic vegetation. These are favourable grounds for the breeding of *A. aconitus*. A special subassistant surgeon was placed on duty, and cinchona febrifuge was distributed widely. The Deputy Commissioner and the other officers of the district cooperated whole-heartedly in the work. In addition, larvivorous fish of two species, *H. panchax* and *gambusia affinis*, were introduced into the tanks and the experiment of trying to establish them in these tanks is at present going on.

The proximity of Hanthawaddy to Rangoon City gave grounds for anxiety. Rangoon's present immunity to malaria may be said to depend on the very small extent to which malaria mosquitoes are found and the absence of any extensively infected population. Were either of these two factors removed, things might become serious. The surrounding rural areas of Rangoon are being closely watched for outbreaks of malaria, and the anti-mosquito measures, which it is understood the Corporation health authorities will shortly develop, should go a long way towards preserving for Rangoon its present immunity from malaria.

In Shwebo, where a severe epidemic had occurred in the previous year, a special subassistant surgeon was on duty, and cinchona febrifuge was distributed generously at the first signs of any increase in the disease. It is satisfactory to relate that there was no severe recrudescence in the year under review. Similarly, in Taungdwingyi subdivision a special subassistant surgeon was placed on duty and the epidemic that happened in 1933 did not recur.

At the request of the Burma Estates, Limited, Bilin, Hanthawaddy district, a malaria investigation was carried out on their rubber estates by the malariologist of this Department. The company defrayed the expenses.

Statement
VIB (a).

44. Malaria (Urban) 1'14.—The rate shows a decrease of 0'07 compared with last year and is below the five-year mean by 0'35. The highest rates come from Lashio 23'50, Minbya 13'37, Kawkareik 8'37, Myitkyina 7'91, Bhamo 7'86 and Kyauksè 7'21. In Lashio, all the clinical types of the disease were met with, from the mild febrile type to the various forms of pernicious attacks—cerebral, algid and black-water fever. In Minbya, the spleen index is over 60 per cent. In Myitkyina, all types of infection were found, but the malignant tertian type predominated.

45. Antimalarial Operations.—

KYAUKPYU.—Progressive work in this town continued under the antimalarial committee, presided over by the Deputy Commissioner who is keenly interested in the antimalarial scheme. The area of operations was extended and, as in previous years, the reclamation of borrow-pits and low-lying areas with rubbish, clearing and grading of drains, oiling and treatment by paris green were the measures adopted according to the particular area that had to be dealt with. A special subassistant surgeon of this Department supervised the work. A spleen rate was taken twice during the year, firstly in June when the rate was 10'55 and again in December when it was as low as 4'23. These rates can be compared with 9'54 in 1933, 11'97 in 1932, 18'05 in 1931 and 31'25 in 1930. The malaria problem in Kyaukpyu was a manageable one; it was tackled in an organised way and the results fully justify the expense and trouble.

AKYAB.—Reclamation by refuse of Peeleegoung brickfield and low-lying areas in the town was carried out during the year. Several swampy areas in the civil station were drained. Several creeks in Ohntabin and Singulan villages were cleaned and graded.

LASHIO.—From June to October a malaria gang was employed in jungle clearing, drain cutting and in the filling in of borrow-pits. Subsoil drainage has been carried out in Lashio in four areas and has proved a great success. The only drawback is the great expense. The success of the measures in Lashio may be gauged from the fact that in the "protected area" the spleen rate is now 21'96, while in the "unprotected area" it is 70'05. Before control measures were attempted in the "protected area", its spleen figure was 40 per cent.

MAYMYO.—This town and its surroundings had been surveyed in 1933, the findings showing that malaria is on the increase in the surrounding villages. At the same time there is extensive breeding of anopheline mosquitoes in Maymyo itself. To tackle the problem an antimalarial committee was formed and commenced work in October. It is under the chairmanship of the Subdivisional Officer and contains representatives of the municipality, the military and the railway authorities. Two officers of the Forest Department have been

coopted and they gave valuable technical advice. During the latter months of the year, a large number of borrow-pits and an extensive area of low-lying ground were reclaimed with town rubbish. Other breeding places were oiled regularly, and a start was made towards finding some species of plants which would grow effectively on the banks of streams and produce adequate shade to prevent the breeding of *A. minimus*. This species of mosquito is the predominant one in Maymyo. The committee is a live one and the anti-mosquito measures are being carried out effectively.

BHAMO.—The edges of the Imperial Lake were kept free from weeds. This measure has been continued for some years, and the annual reports state that the town is much healthier and that malaria has distinctly diminished.

SAHMAW.—Organised malaria control measures have been carried out by Messrs. Finlay Fleming & Co. in their sugar estate for some years and were continued during 1934. Systematic oiling of all mosquito breeding places was done and all cases were treated. The result of the measures in this estate can be regarded as satisfactory. The spleen rate, which was 73 per cent. five years ago, was reduced to 29 per cent. in 1933, and there was a further fall to 24 per cent. in 1934.

Other places reporting antimalarial measures of a minor nature are Taunggyi, Myitkyina, Mergui and Salin.

It has been stated earlier in this report that the issue of cinchona febrifuge constitutes our best weapon against malaria in the rural areas. Where the water supply comes from tanks, it is believed that the introduction of larvivorous fish will also be a benefit. During 1934 the breeding of these fish was developed extensively at the Harcourt Butler Institute of Public Health. The staff of the malaria bureau have surmounted the early difficulties experienced in getting these fish to breed successfully, and supplies are now available for issue to districts. Unfortunately a number of these fish die if they have to travel any distance, and the possibility of breeding them in other places in the province is under consideration.

46. Cinchona Febrifuge Tablets.—The Rangoon Jail continued to manufacture these tablets. The number of tablets sold during the year through the treasuries was 3,371,580 or an increase of 618,780 tablets on the sales of 1933. An increase in sales was noticed in 23 districts notably in Pegu 100,480, Southern Shan States 88,720, Northern Shan States 75,960, Hanthawaddy 63,860, Bhamo 58,260, Henzada 50,720, Tavoy 43,660 and Mergui 35,500, while a heavy decline in sales was recorded in Akyab 35,600.

A total of 208,980 tablets was distributed free in 12 districts compared with 336,600 tablets in the the previous year. The largest free supplies were in the districts of Chin Hills 54,000, Shwebo 45,360 and Hanthawaddy 37,620.

The average consumption of cinchona febrifuge per head of population, owing to considerable increase of sales in several districts, rose from 0·87 grain in 1933 to 1·00 grain in the year under review. The largest consumption, that of 13·29 grains, was in Bhamo District as in the previous year; Mergui and Myitkyina came next with consumption rates of 3·98 and 3·03 grains respectively. The districts recording the highest death rates from fevers, and their rates of consumption of cinchona febrifuge are given below :—

District.	Death rate from fevers.	Rate of consumption of cinchona febrifuge per head of population.
Shwebo	... 15·62	0·55
Minbu	... 14·65	1·84
Tavoy	... 12·95	2·35
Akyab	... 12·45	0·96
Prome	... 12·15	0·53
Pakôkku	... 11·19	0·23
Sandoway	... 11·12	0·13
Mergui	... 10·72	3·98
Lower Chindwin	... 10·70	0·18

The above table draws attention to the necessity of educating the villager in the value and use of quinine, as the consumption per head of cinchona febrifuge is disappointingly low in some of the worst malarial districts.

CHAPTER VIII.

Maternity and Child Welfare.

47. Maternity Work.—Public maternity work in Burma is undertaken either by midwives who are the employees of voluntary child welfare societies, or by results system midwives engaged by local bodies. The first of these two groups of midwives come under the Public Health Department for supervision, while those employed by the local bodies are under the control of the Medical Department. In other provinces, normal maternity work outside hospitals is tending to be regarded more as the function of the Public Health Department than that of the Medical Department. The possibility of modifying our provincial organization on these lines has been considered, but the limited staff of this Department is insufficient to exercise adequate and efficient control. For the present, therefore, matters must remain as they are.

In 1934, there were 32 midwives employed by nine child welfare societies, and they attended 5,170 confinements. Midwives employed by local bodies numbered 193 and attended 19,956 confinements. In the towns, 32·1 per cent. of the births were attended by qualified

midwives employed by child welfare societies or by local bodies, and the corresponding figure for rural areas was 2·7 per cent.

This low figure for rural areas calls for comment. The necessity for the development of a rural midwifery service has been strongly urged by those acquainted with the present practice in the villages, and in any scheme of rural uplift maternity conditions constitute one of the earliest problems which will have to be attacked. The methods of the amateur midwife (the *wunswe*), besides taking a heavy toll in infant life, lay the mother open to grave risk of severe illness and death. The mother, if she survives, is almost invariably left in a debilitated state, ill-fitted to perform her duties towards her infant. It is difficult to visualize that, in the near future, either local bodies or Government will be in a position to pay for a wholetime midwifery service in the rural areas. The development would seem to be in the encouragement of private practice and possibly in the employment of part-time midwives, whose services would be available free for those who cannot afford to pay, and who would be allowed to charge a reasonable fee from those whose circumstances permit of it. That a reasonable charge from the latter class would not be unpopular has been shown in Mandalay, where the Maternity and Infant Welfare Society had an income in 1934 of Rs. 1,301 resulting from a scale of charges graduated according to the income of the patient. Compared with the other provinces in India, where the purdah system is an obstacle, a comparatively large number of girls in Burma have taken up midwifery as a profession. The custom has been to look forward to employment under local bodies rather than to develop private practice, and it is a fact that now there are many qualified midwives unemployed and waiting until such a post turns up. There is a complete lack of enterprise amongst these qualified midwives in embarking on district work. Were a part-time system of employment set up, they would probably feel sufficiently encouraged to take up work in the rural areas.

Sub-section 2 of section 8 of the Burma Midwives and Nurses Act prohibiting practice by untrained midwives is in force in the Maymyo municipal area and in one limited area in Rangoon. In Maymyo 14·7 per cent. of the births were attended by unqualified midwives, while in the "prohibited area" in Rangoon the corresponding figure was 39·03 per cent.

48. Child Welfare Work.—The only child welfare work in the province carried on under official auspices is that conducted in Rangoon by the Corporation and in Hlègu by the Rural Health Unit. Otherwise this important subject is dealt with by voluntary child welfare societies.

The Rangoon Corporation has had a child welfare scheme for some years, and in September 1934 the staff was increased by the appointment of 8 nurses. An unfortunate mistake was made in appointing nurses who were without any training in child welfare work. The

mistake has been recognized, and efforts are now being made to remedy it by getting the nurses to undergo a course of training at the Burma Health School to fit them for their duties.

The voluntary societies finance their work with funds obtained locally from subscriptions and entertainments, grants from local bodies, from the Local Government and from the Burma Branch of the Indian Red Cross Society. A satisfactory feature is that, with two exceptions (Taungdwingyi and Yamèthin), in all towns where child welfare work is organized with a trained worker, grants were received from the municipal committees during 1934. The municipalities of Taungdwingyi and Yamèthin have now remedied their omission by making budget provision for grants to their societies in 1935. Several of the societies are to be commended on the energetic manner in which they improved their financial position during the year.

There are 39 child welfare societies in the province, and an analysis of their returns over recent years shows that there is a slow but steady improvement in the type of work undertaken by them. Eighteen societies conducted child welfare centres, in nine of which a trained health visitor was employed, in six a nurse or midwife, while in three the duties were carried out by voluntary workers. Four new societies were formed during the year.

It is gradually being recognized that in order to organize work of a satisfactory standard, a properly trained health visitor is essential. It is satisfactory to record that the Burmese health visitors who completed their training in the last five years are all employed. Practically all are proving remarkably successful, receiving the confidence of the women among whom they work, as well as that of the committees which employ them.

Statement at page 39 gives figures of the year's work of child welfare centres organized by trained health visitors, and also of the centres conducted by nurses and midwives without special health training. It can be seen that the success of a child welfare centre judged by the centre attendances, is greater where a trained health visitor is employed. The biggest obstacle to rapid progress was the lack of girls with this training. Societies are anxious to obtain their services, and at the end of the year four committees had applied for trained health visitors and were only waiting for their appointment to start organized work.

The shortage of health visitors is now being remedied by the Burma Health School, which opened in January 1935. The school is an undertaking of the Burma Branch of the Indian Red Cross Society and is financed by grants from the Local Government, the Maternity and Child Welfare Bureau of the Indian Red Cross Society, the Rangoon Corporation and the Burma Branch of the Red Cross. A good staff of lecturers has been secured and the first year's course started with nine students,

four of whom are nominees of the Rangoon Corporation. This school, it is hoped, will fill a longfelt want and prove a centre of education whence modern ideas of health will be carried into the homes of the people. A managing committee has been appointed representative of the different interests in the school, which has the Director of Public Health as chairman. He is also director of the school with Miss Ross as secretary and superintendent, and Mrs. Varugis (a former student of the International Health Course) as assistant superintendent.

Miss Ross of the Burma Branch of the Indian Red Cross Society continued to work under the Public Health Department throughout the year. She paid 31 visits to 25 child welfare societies, inspecting or inaugurating child welfare work and advising the committees. This work is of great help to this Department in directing and controlling this important part of its duties in the province, and in encouraging the development of the work on sound lines.

The following remarks relate to the various child welfare societies in the province :

RANGOON.—The Baby Welcome, Kemmendine, has had a very successful year's work. The Committee has cooperated with the Red Cross Society in the organization of the Burma Health School. The maternity and child welfare centre and the area in which it operates constitute the field for the students' practical work.

The Maternity and Infant Welfare Society, Rangoon, continued to conduct four maternity shelters, in which 1,755 confinements took place.

MANDALAY.—The Maternity and Infant Welfare Society is working well. There is a satisfactory increase in the amount of ante-natal work at the centre. In addition to a health visitor, the society employs a superintendent of midwives and 8 midwives, who attended 1,041 confinements in 1934. At the end of the year the society applied for the services of a second health visitor, and has the distinction of being the first society in Burma to make this move.

MAYMYO.—The Society for the Promotion of Public Health had its work disorganized, firstly by the health visitor having to go on sick leave, and later by her retirement. Until another trained health visitor becomes available the society is carrying on with a midwife, and efforts are being made to maintain the standard of work. The society employs two midwives, who attended 309 confinements. It also carried out health propaganda by arranging six public lectures and distributing 3,450 health pamphlets.

BASSEIN.—The society continues to do satisfactory work. The health visitor, besides her child welfare work, supervised the five midwives employed by the society. Her work progresses steadily and the midwives attended 669 confinements.

MÔNYWA.—The society continues to work on sound lines, employing a health visitor and conducting a centre. The progress of the work

is slow, but with a new and energetic President it is hoped that the work may be stimulated. More ante-natal work should be undertaken at the centre.

PROME.—This society employing one health visitor had a very satisfactory year, and the health visitor in her second year's work has obtained a good increase in the centre attendances. This society has a capable and hard working committee which has done much to help the progress of the work.

TAUNGDWINGYI.—The Maternity and Infant Welfare Society is endeavouring to reduce the very high infant mortality rate which has earned an unenviable distinction for this town. One health visitor is employed and in her first year's work has done excellently. A centre was opened during the year and has now a good attendance.

YAMETHIN.—The society here has employed a health visitor since march of 1934. She is an experienced worker and an excellent start has been made. In particular, the antenatal attendances at the centre are most promising.

TAUNGGYI.—There is one health visitor who holds a centre in the out-patient department of the civil hospital. The centre attendances are far too small. Frequent changes of the committee appeared to have hampered the progress of the work here; more satisfactory accommodation is needed for the centre.

HLÈGU TOWNSHIP.—The Rural Health Unit employs a nurse for child welfare work, centres being held at Hlègu and Dabein. This work is the only effort in the province at organizing child welfare work in a rural area. For the sake of economy the four midwives were reduced to two and were stationed in Hlègu, where they attended 461 confinements.

THAYETMYO.—The society employed a midwife to do child welfare work and conduct a centre. The work here is not increasing, probably due to the absence of a trained health visitor.

KYAUKSÈ.—The society employs a midwife to conduct a centre and to do home visiting. In a small way this society is doing good work, and has a capable progressive committee. With greater support from the local bodies it should do well.

MOULMEIN.—The work was developed during the year by the opening of a centre. A woman doctor has been appointed as supervisor of midwives, and to conduct the centre. This society, in previous years, only did midwifery work.

PEGU.—The society here commenced child welfare work with a midwife in January 1934. It has had a satisfactory year's work showing signs of development.

MEIKTILA.—This society employs a midwife to do child welfare work. The results are not satisfactory and the society would be wise to employ a trained health visitor.

AKYAB.—A centre was opened during the year and a nurse was employed to do home visiting.

The societies at Sagaing, Magwe and Minbu conducted small centres with voluntary helpers.

There are child welfare societies at Maubin, Sandoway, Dedaye, Bogale, Thatôn, Thôngwa, Shwebo, Henzada, Kyaiklat, Kawkareik, Katha, Toungoo, Bhamo, Pyapôn, Mergui and Einmè which are doing child welfare work on a lesser scale, or which limit their activities to the employment of midwives.

New societies were formed at Pyinmana, Myinmu, Syriam and Tavoy.

Statement showing the work of (a) Trained Health Visitors, (b) Nurses and Midwives (not trained as health visitors), employed by societies in towns and in the rural health unit, Hlegu, during 1934.

Serial number. (1)	Place. (2)	Number employed. (3)	Number of centres main- tained. (4)	Centre attendances.				Home visiting			
				Ante-natal. (5)	Infants and children. (6)	Other visits. (7)	Total. (8)	Ante-natal. (9)	Infants and children. (10)	Other visits. (11)	Total. (12)
<i>(a) Trained Health Visitors.</i>											
1	Prome ...	1	1	247	1,736	60	2,043	317	4,361	209	4,887
2	Taungdwin- gyi.	1	1	81	779	...	860	119	2,625	589	3,333
3	Bassein ...	1	1	80	2,074	...	2,154	65	3,720	681	4,466
4	Mandalay	1	1	500	3,878	563	4,941	658	2,917	584	4,159
5	Maymyo ...	1	2	444	3,548	...	3,992	618	4,975	...	5,593
6	Yamèthin	1	1	224	1,377	42	1,643	493	2,018	529	3,040
7	Mônnya...	1	1	50	2,900	...	2,970	126	4,561	...	4,687
8	Taunggyi	1	1	144	626	779	1,549	441	2,402	75	2,918
9	Kemmen- dine.	1	1	519	3,133	...	3,652	644	4,400	...	5,044
10	Rangoon Corpora- tion.	1	1	715	1,853	...	2,568	303	3,950	198	4,451
<i>(b) Nurses or Midwives (not trained as health visitors).</i>											
1	Kyaukse ...	1	1	25	935	...	960	483	5,524	105	6,112
2	Pegu ...	1	1	122	1,554	...	1,676	21	4,533	...	4,554
3	Meiktila ...	1	1	...	24	...	24	...	4,310	...	4,310
4	Thayetmyo	1	1	60	754	...	814	330	6,802	7	7,139
5	Moulmein†	1	1	347	123	...	470	3	...	786	789
6	Akyab ...	1	1	...	...	...	...	80	47	47	174
7	Rangoon Corpora- tion.	13	3	1,393	4,221	...	5,614	7,452	13,776	25,408	52,250
8	Hlegu ...	1	2	270	1,819	...	2,089	1,705	2,451	...	4,156

Employs a woman doctor as supervisor of clinics and midwives.

CHAPTER IX.

School Hygiene and Medical Inspection of School Children.

49. **School Medical Inspection.**—The position regarding the medical inspection of school children remained the same as in the previous year. The Government grant, which was suspended owing to economy in 1932, remained unrestored. The provision of medical inspection is now left to the option of those English and Anglo-vernacular school authorities who find it possible to provide for the cost or who can arrange for its being done without remuneration.

Reports were received from 29 such schools during the year compared with 38 in 1933. The number of schools which submitted reports in the year before the Government grant ceased was 176, so that there has been a serious decrease in the last four years in the medical inspection of school children.

Of the 29 reports received 27 (from 18 boarding and 9 day schools) were on the prescribed form giving full statistical information. The number of pupils on the rolls of the 27 schools was 6,979 of whom 6,693 or 98·47 per cent. were examined by medical officers. Of the pupils examined 69·67 per cent. were protected against small-pox by primary vaccination, 26·76 per cent. by revaccination, and 2·02 per cent. by a previous attack of smallpox, while 1·55 per cent. remained unprotected.

The most common defects noticed at the medical inspections were defective teeth 19·36 per cent, enlarged tonsils 13·92 per cent, defective vision 5·98 per cent, trachoma 4·12 per cent, skin diseases 4·00 per cent, anæmia 3·99 per cent, defective throat 2·27 per cent and enlarged spleen 1·02 per cent. A comparison of the percentages of different defects found in 1934 with those of the previous three years shows that there is an increased incidence under defective throat (including enlarged tonsils), defective vision (including trachoma) and defective teeth.

The reports vary in the accounts given of the cooperation of the parents in rectifying the defects pointed out by the medical officers. For example the medical officer of St. Joseph's Convent, Toungoo, states :—“ Gradually the attitude of parents and guardians has become more encouraging, and some of them have taken the trouble of getting at least some of the troubles attended to, and what is even better, they have got into the habit of consulting their medical attendants for advice and opinion on the subject of diet and general health.” On the other hand, reports from other schools draw attention to the lack of parental co-operation. The Superintendent of the Judson Boys' High School, Moulmein, writes : “ Our medical work this year has been better than ever. The follow-up has been particularly good on the part of the doctor. But parents are either apathetic or lack funds for glasses, teeth

or small operations, and so the boys suffer on". The medical officer of the Government Anglo-vernacular High School, Yamèthin, writing in the same strain says : "In spite of repeated attempts made by the school, the parents were extremely apathetic. In many cases poverty is the cause and in some cases it is real disinterestedness."

It is satisfactory to note that prompt preventive measures were taken by the school authorities in consultation with the medical officers towards preventing the spread of contagious diseases. In the Bombay-Burma Anglo-vernacular School, Dalla, an outbreak of measles was quickly suppressed. When there was an outbreak of cholera in Myaungmya town, the pupils of the Anglo-vernacular Government High School were given preventive inoculation, and the sale of objectionable foodstuffs in the school premises was prohibited. During an outbreak of enteric in Myitkyina, the pupils of the Government High School were given T.A.B. inoculation, the cost being borne by the school authorities. In the same school, quinine was distributed amongst the students as a prophylactic measure against malaria during the rainy season. The students of the Huldah Mix School for Girls, Taunggyi, were inoculated against plague when two cases of plague occurred in the town, and a few were given inoculation against typhoid.

The prospects of school medical inspection in the Province are not at the moment encouraging. The small number of reports which have been received relate to but a minute fraction of the schools in Burma. Without funds it is impossible to make any progress, and it is hoped that when the provincial finances have recovered the school medical inspection scheme will be one of the first to receive a subvention from Government.

Judging from the reports, the general sanitary condition of the school buildings, including arrangements for water supply and conservancy, was satisfactory.

CHAPTER X.

Health Propaganda.

50. **Health Education.**—During the year the extent of the propaganda work carried out by this Department increased appreciably. There was an increased demand from local authorities, associations and individuals for publications and pamphlets, and also for the services of the Hygiene Publicity Officer.

RURAL.—The public health staff in rural areas gave 5,933 lectures or health talks, 175 magic lantern and 9 cinema demonstrations to audiences estimated at 362,865. In addition, 88,531 copies of health publications on various subjects were distributed. The districts of Akyab, Insein, Hanthawaddy, Bassein, Myaungmya, Maubin, Meiktila and Myingyan deserve special mention for the large number of

lectures delivered. It is unsatisfactory to note that the health staff in seven districts failed to carry out magic lantern demonstrations although they have been supplied with a lantern and a set of slides dealing with various aspects of public health. Health propaganda by means of lectures illustrated by lantern slides is one of the most useful methods of inculcating health knowledge. In some ways the lantern has an advantage over the film, for the stationary picture gives the lecturer time to dwell on those particular points which require emphasis. The double appeal both to the ear and the eye is valuable and people will come to such a lecture when they will not come to an ordinary lecture.

URBAN.—The urban health staff delivered 653 lectures or health talks and 38 lantern demonstrations to audiences estimated at 58,646. A total of 109,681 health publications were distributed in these towns. Good work was reported from Sandoway, Paungdè, Minbu, Pakôkku, Mandalay and Sagaing. On the other hand, it is regrettable that no health propaganda was performed in the towns of Letpadan, Minhla, Chauk, Toungoo and Gyobingauk.

51. Hygiene Publicity Bureau.—The post of the Hygiene Publicity Officer being kept vacant owing to financial stringency, Subassistant Surgeon U Tha Saing carried out health propaganda work for the Department during the year.

He visited 21 towns and 38 villages. During his visits, he gave 28 ordinary and 104 lantern lectures and 124 cinema demonstrations on health subjects to audiences estimated at 87,844. The demonstrations were supplemented by the distribution of 34,448 copies of health publications on various subjects.

He visited 10 schools and attended the baby shows at Rangoon, Pyapôn and Kyaiklat. His services were lent for health propaganda purposes to the A.B.M. Workers' Institute at Pyinmana, to the Methodist District Workers' Conference at Pegu, to the Anglo-vernacular school teachers' conference held at Judson College, to the Baby Welcome at Kemmendine and to the rural uplift camp organised by the Rangoon Youths Improvement Society at Theingyaung in Insein district. He also carried out intensive antimalaria propaganda in the subdivisions of Shwebo, Taungdwingyi and Syriam. In Shwebo the propaganda campaign was conducted to remove from the minds of the people the erroneous ideas spread by the *sesayas* regarding the disease called by them *Metkalaung*. He explained to the people that *Metkalaung* was really malaria, the only cure for which within their reach was adequate quinine.

Cinema demonstrations on health subjects became a popular form of entertainment in the province. Particularly attractive were the films with Burmese characters. The Burma Branch of the Indian Red Cross Society very kindly sanctioned a sum of Rs. 800 to purchase an additional copy of the Rockefeller Foundation film on malaria, to

which Burmese captions are to be added, and also for the local production of a Burmese film on child welfare. It is hoped to make this film in the cold weather of 1935-36.

A total of 411,257 leaflets, cards, specimen lectures, hand-bills and posters were issued to the public. A pamphlet in English entitled "The need for child welfare work in Burma," and three posters in Burmese entitled "Malaria," "Health rules" and "Disease spreaders" were added to the stock of the Bureau's publications. Sixteen leaflets, one card and four specimen lectures were revised, and eight leaflets and three cards were reprinted during the year under report.

52. Red Cross Society and Rangoon Health Week.—

Under the auspices of the Burma Branch of the Indian Red Cross Society, the eleventh Rangoon health week exhibition was held in the Jubilee Hall from the 29th January to the 4th February 1934. The exhibition was opened by His Excellency Sir Hugh Stephenson, K.C.S.I., K.C.I.E., I.C.S., Governor of Burma. The health education sub-committee, which organised the exhibition, endeavoured to emphasise more emphatically the health exhibits, and to eliminate some of the purely commercial exhibits which had found a place in previous exhibitions. His Excellency in his opening speech stated that the object of the health exhibition was to arrest the attention of the public and make them think of their own health and that of their neighbours, by appealing to their senses and imagination in a way that dull statistics and dry blue books cannot do. To judge by the increased attendances of the public and the striking and instructive exhibits of the technical section, the exhibition must have gone some way towards attaining its object as described by His Excellency. As usual it was divided into sections. In the *Women and Children's Section* demonstrations were given of the work carried out at the Dufferin hospital and at the Baby Welcome child welfare centre, Kemmendine. In the *Dental Hygiene Section* the dangers of dental diseases and their prevention were effectively illustrated by models, charts and diagrams. The *Malaria Section* exhibit was, as usual, of a very high order, and the models of the malarious and non-malarious villages, placed side by side, illustrated clearly the causes which help in the spread of this disease in our rural areas. In the *Plague Section* a similar practice was followed with the models. Some showed how things should be done while others showed how they should not be done. Other exhibits dealt with conservancy, water supply, food, the various communicable diseases and the mode of their transmission and prevention.

Physical training demonstrations were given by the children from the vernacular Burmese schools in Rangoon. A very successful feature was the health plays competition. Each school produced its own play, and both teachers and children deserve great credit for the excellent

way in which the plays were presented. The acting of these health plays is regarded as one of the most effective methods of health propaganda amongst the school children. In addition, there were professional *prôès* in which health subjects were dealt with, while the cinema shows with public health films proved a popular attraction.

53. Public Health Essays and Posters.—The health essay and poster competition, organized by the Red Cross Society in connection with the health week, had previously been open to the Anglo-vernacular and English schools in Burma. In 1934 it was thrown open to the vernacular schools as well. A satisfactory total of 302 schools took part in the competition. Each school submitted its best essays and 693 were received by the health week committee for correction. Thanks are due to the examiners who corrected the essays free of charge. The essays chosen for the competition in 1934 were entitled “Dangers which may occur to the health of the people by the use of wells and drinking tanks which are not protected against pollution” for English and Anglo-vernacular schools, and “The relationship of mosquitoes to malaria” for vernacular schools.

The poster competition resulted in 189 posters being received. His Excellency the Governor kindly distributed the prizes to winners in these competitions. In the essay competition there were six prizes of Rs. 10 each and eight prizes of Rs. 10 each for the high and middle departments of the English and Anglo-vernacular schools respectively, and six prizes of Rs. 10 and ten prizes of Rs. 10 each to the high and middle departments of vernacular schools respectively. In the poster competition, prizes were awarded for the twelve best posters.

The Rangoon Corporation deserve the best thanks of the public for their generous contribution of Rs. 5,000 per annum which has made it possible to hold the health week. This was the eleventh year in which it was held, and it has now become an established institution to which the public and the school children look forward eagerly each year.

CHAPTER XI.

Public Health Administration.

54. District Health Officers and Assistant District Health Officers.—As in the previous year, wholetime District Health Officers were employed only in Akyab, Myaungmya and Pyapôn districts. U Tha Gyaw, M.B., D.P.H., continued as District Health Officer, Akyab, and Saw Kya Zit, M.B., D.P.H., as District Health Officer, Pyapôn, throughout the year. In Myaungmya district, Mr. M. Chit Tway, M.B., B.S., D.P.H., officiated as District Health Officer during the absence U Maung Gale, M.B., D.P.H., who was appointed to officiate as Assistant Director of Public Health up to the

14th May. On that date the latter reverted to his appointment of District Health Officer, Myaungmya, and continued in that post for the rest of year.

The number of Assistant District Health Officers sanctioned for for this department is five. Except for the period when he officiated as District Health Officer, Myaungmya, Mr. M. Chit Tway, M.B., B.S., D.P.H., was Assistant District Health Officer in Mandalay district. U Lat, M.B., B.S., was Assistant District Health Officer in Prome district up to the 8th October, when he proceeded on a year's leave to undergo the course for the Diploma in Public Health in Calcutta. U Thet Pe, M.B., B.S., was appointed in his place after a month's training in the Hlegu Health Unit, but he was not able to assume charge before the year was over. U Maung U, M.B., B.S., was transferred from Thatôn District and posted to Magwe District from the 5th June. U Mra Tha, L.M.S., D.P.H., continued as Assistant District Health Officer, Bassein and Mr. Ah Shoung, M.M.F., D.P.H., as Health Officer, Maymyo, throughout the year.

55. Urban Health Officers.—These are dealt with in the chapter on urban sanitation.

56. Cadre of Subassistant Surgeons.—The number of sanctioned posts of this cadre was 22, of which three were kept unfilled by the orders of Government as a measure of economy. Of the remaining posts, eighteen were continuously filled. The remaining vacancy was filled for short periods according to the exigencies of the epidemic situation.

The epidemic subassistant surgeons of this cadre can be correctly described as the "flying squad" of the department. Their duties are of a strenuous nature and for most of the year they are continuously on the move. When an epidemic disease of any magnitude is reported, one of these subassistant surgeons is immediately despatched to the area to carry out intensive preventive measures. Their work has been of great service to the public and has been much appreciated by those among whom they work. The present strength of the cadre is now insufficient to deal with the increasing demands that are being made for their services. With an improved provincial budget it is hoped that an increase in the cadre will be possible in the near future. In addition to dealing with epidemics, these subassistant surgeons carry out general sanitary duties when conditions are normal. They verify vital statistics and advise village headmen on measures regarding the prevention of disease in their villages. During 1934 they verified 27,161 entries of birth and death registration and 12,854 vaccinations. They performed 57,371 inoculations against plague and cholera.

57. Public Health Inspectors.—The public health inspectors' training class was held in abeyance during the year on the recommendation of the Retrenchment Committee. When the finances of the local

bodies improve, this class will have to be resuscitated, as there will be an increasing demand for public health inspectors. The number employed in the province was 180, of whom 57 were in rural and 123 in urban areas.

CHAPTER XII.

Vaccination.

(This Chapter refers to the official year 1934-35.)

(The figures in brackets are the corresponding figures for 1933-34.)

58. **Establishment.**—The following table shows the strength of the vaccination staff employed in the province during the year 1934-35 compared with that of the two preceding years :—

Vaccination Staff.

Year.	Province or State.	District superintendents of vaccination.	Part-time supervising officers.		Inspectors of vaccination.	Head vaccinators.	Vaccinators.
			Sub-assistant surgeons.	Public health inspectors.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1932-33	Burma ...	38	32	48	30	...	351
	Shan States ...	2	...	...	2	3	43
1933-34	Burma ...	38	30	68	30	...	352
	Shan States ...	2	...	1	1	3	43
1934-35	Burma ...	38	28	70	26	...	349
	Shan States ...	2	...	2	...	3	43

BURMA.—During the year 1934-35, 349 (352) vaccinators were employed. Supervision was exercised by 26 (30) inspectors of vaccination, 70 (68) public health inspectors, 28 (30) hospital subassistant surgeons, 38 district superintendents of vaccination and 16 municipal health officers. The assistant district health officers and epidemic subassistant surgeons of the Public Health Department also investigated the results of vaccination during the course of their tours.

In order to cope with smallpox epidemics, 46 (41) temporary vaccinators were entertained for various periods—22 in Rangoon, 6 in Mandalay, 1 in Moulmein towns; 6 in Minbu district; 2 each in the districts of Bassein, Pakôkku, Magwe and Shwebo; 1 each in the districts of Pyapôn, Chin Hills and Sagaing.

FEDERATED SHAN STATES.—The number of vaccinators remained unchanged. The inspector of vaccination retired, and was succeeded by a qualified public health inspector.

59. Operations Performed—

BURMA.—A total of 1,527,027 (1,445,151) persons was vaccinated during the year. Of these, 990,441 were vaccinated by regular vaccinators in rural areas, 312,966 by regular vaccinators in urban areas, 2,858 by the military authorities in cantonment areas, 1,632 by railway dispensary staff, 1,699 by Government dispensary staff, 6,778 by private medical practitioners, 39,965 in jails and 170,688 in ports.

Rural Vaccination.—Of the 992,748 operations performed in the rural area by regular vaccinators, 561,773 were primary and 430,975 revaccinations.

Vaccination
Statement
I (a).

Of the primary operations, 500,389 were successful while the results of 37,329 were left unverified. The percentage of success obtained in the verified cases was 95·41 (96·66) per cent. Success rates of over 99 per cent. are reported from the rural districts of Pegu 99·98, Tharrawaddy 99·87, Henzada 99·61, Myaungmya 99·18, Maubin 99·92, Pyapôn 99·98, Magwe 99·14, Kyauksè 99·32 and Bhamo 100, while low rates are returned from the rural districts of Kyaukpyu 89·56, Pakôkku 88·52 and Chin Hills 80·32. The long and tedious distances the lymph has to travel in these districts make a deterioration of its potency unavoidable. Of the total of 500,389 primary successful operations, 135,466 were on infants under one year of age, 280,176 on children of one to six years.

Of the 430,975 revaccinations, 112,493 were successful, while the results of 83,060 are reported as "unknown." The percentage of success in known cases was 32·33 (31·91) per cent.

The number of persons known to be successfully vaccinated and revaccinated per 1,000 of population in rural areas was 52·51 (52·05).

Urban Vaccination.—In the urban areas, excluding cantonments, 313,203 operations were performed by regular vaccinators. Of these, 56,221 were primary and 256,982 revaccinations. Of the primary, 52,335 were successful, while the results of 2,569 remained unverified. The success rate in verified cases was therefore 97·55 (97·42) per cent. Twenty-six towns report 100 per cent. successes, 43 towns report successes between 90 and 100 per cent, while 5 towns report a success rate below 90 per cent. Of the 52,335 successful vaccinations, 35,864 were on infants under one year of age and 13,368 on children of one to six years. The number of births recorded in urban areas was 46,181 (45,702) and deaths under one year totalled 12,571 (12,128). The number of survivors according to these records was therefore 33,610 (33,574). The 35,864 infants under one year successfully vaccinated show an excess of 2,254 over the recorded survivors.

Vaccination
Statement
I (b).

Of the 256,982 revaccinations, 59,089 were successful, while the results of 59,978 were not inspected. The percentage of success in verified cases was 29·99 (30·39) per cent. High success rates are

reported from Thônzè, Nyaung-U, Bhamo, Myitnge and Moulmein ; rates below 5 per cent. from Magwe, Henzada, Myingyan, Tharrawaddy and Mawlaik.

The number of persons successfully vaccinated and revaccinated per 1,000 of population in towns was 79·19 (72·59).

Vaccination
Statement
I (c).

Military Cantonments.—In the four cantonments of Rangoon, Mingaladon, Mandalay and Maymyo, 2,908 operations were carried out, viz., 609 primary and 2,299 revaccinations. The 609 were all verified and 91·46 per cent. were successful. Of the verified revaccinations 45·31 per cent. were successful.

Vaccination
Statement
I (c).

Railway Dispensary Staff.—A total of 1,632 operations was carried out by railway dispensary staff. Of the 646 primary vaccinations, 360 are reported as successful and 270 unverified. The success rate in verified cases was therefore 95·74 per cent. Of the 986 revaccinations, 598 were reported as successful and 345 uninspected. The number of successful revaccinations can hardly be accurate as it gives a success rate of 93·29 per cent. The matter is being investigated.

Vaccination
Statement
I (c).

Government Dispensary Staff.—These performed 1,699 operations, of which 831 were primary and 868 revaccinations. Of the primary vaccinations, 197 were successful, 634 being unverified. The success rate in verified cases was therefore 100 per cent. The success rate in verified revaccinations was 55·24 per cent.

Vaccination
Statement
I (c).

Private Medical Practitioners.—They carried out a total of 6,778 operations. Of the 1,369 primary vaccinations, 1,107 were successful and of the 5,409 revaccinations, 504 were successful—the number of unverified cases being 243 in primary and 4,110 in revaccinations. The success rate in verified cases was 98·31 per cent. in primary and 38·86 per cent. in revaccinations.

Vaccination
Statement
I (c).

Jails.—Of the 39,965 (35,778) operations performed in the jails in Burma, 2,160 were primary and 37,805 revaccinations. Of the primary cases, 87·82 per cent. were successful ; of the revaccinations, 29·97 per cent. were successful.

Ports.—A total of 170,688 (156,895) operations was performed at the ports of Rangoon and Akyab on immigrants by sea. The increase was due to the greater number of immigrants at these ports 255,152 (242,684). Of the total operations, 2,769 (682) were primary and 167,919 (156,213) revaccinations. The results of these operations could not be verified, as the immigrants were allowed to proceed to their destinations immediately after vaccination.

Vaccination
Statement
I (c).

FEDERATED SHAN STATES.—A total of 56,976 (70,177) primary operations and 20,181 (35,146) revaccinations was performed in the rural areas of the Federated Shan States. Of the verified primary cases 98·20 per cent. were successful ; the corresponding figure for revaccinations was 54·77 per cent. In the three towns of Lashio, Taunggyi and Kalaw, 833 primary and 635 revaccinations were per-

formed. The success rate in primary vaccinations was 98·17 per cent. and in revaccinations 27·92 per cent.

60. Verification Work of Inspecting Officers—

BURMA.—Of the total of 1,316,374 persons vaccinated and revaccinated, excluding jails and ports, in Burma, 103,823 persons, or 7·89 (7·70) per cent. were inspected by district or municipal health officers.

Inspectors of Vaccination, public health inspectors, subassistant surgeons and medical registrars inspected 56·51 (58·81) per cent. of the primary vaccinations and 46·55 (41·57) per cent. of the revaccinations.

FEDERATED SHAN STATES.—The two public health inspectors and the three head vaccinators inspected 78·42 (57·36) per cent. of the primary vaccinations and 56·91 (31·29) per cent. of the revaccinations.

61. **Vaccine Depot, Meiktila.**—The seed lymph used in the manufacture of vaccine lymph was rejuvenated by passing through the modified Nijland cycle. A total of 22,564 (17,336) grammes of lymph, equalling 2,230,446, doses was manufactured during the year. A total of 18,709 grammes, equalling 1,849,380 doses, was issued. Before issue, the lymph was subjected to animal tests for bacteria and to Calmette-Guerin's international potency tests on rabbits. Tests on at least three children were done. The lymph before issue had to give 100 per cent. success without undue inflammation. The success rate, reported to the depôt in primary cases, was 96·10 (97·79) per cent. and in revaccination cases was 36·60 (33·31) per cent.

A total of 126 (142) cow-calves and 20 (9) buffalo-calves was vaccinated. The average yield per cow-calf was 108·05 (98·29) grammes and per buffalo-calf 447·50 (375·44) grammes. The increased yield was due to a more extensive use of the Malayan method of animal vaccination.

The maintenance expenditure of the depôt was Rs. 29,962-13-3 (Rs. 31,473-14-6) and the total net income was Rs. 60,571-15-0 (Rs. 53,349-3-0) including Rs. 10,518-10-0 balance of the sale proceeds of vaccine lymph outstanding on the 31st March 1934, and excluding Rs. 5,628 balance of the sale proceeds of lymph outstanding on the 31st March 1935. The excess of income over expenditure is therefore, after adjustment, Rs. 25,718-7-9.

No vaccination training class was held during the year.

62. Cost of the Department—

BURMA.—The total cost of the department was Rs. 4,33,634-4-6 (Rs. 4,55,290-10-11). The average cost of each successful case was Re. 0-9-7 (Re. 0-10-3).

Vaccination
Statement
I columns
20 and 22.

If, however, the sum of Rs. 57,269-1-0, credited to Government on account of the sale in Burma of vaccine lymph, be deducted from the total expenditure of Rs. 4,33,634-4-6, the net cost of the department is reduced to Rs. 3,76,365-3-6 (Rs. 4,05,827-9-11). The average cost of each successful case is therefore reduced to Re. 0-8-4 (Re. 0-9-2).

High rates of average cost are reported from the following places :—
 Districts : Arakan Hill Tracts Rs. 1-8-3, Salween Rs. 1-6-3, Mandalay Rs. 1-3-0 and Upper Chindwin Rs. 1-0-7. Towns : Zigôn Rs. 6-1-10, Nattalin Rs. 4-14-5, Ngathaingyaung Rs. 3-13-10, Minhla Rs. 2-15-2, Kyônpyaw Rs. 2-13-1, Myaungmya Rs. 2-11-8, Thamaing Rs. 2-9-0.

Vaccination
 Statement
 I columns 20
 and 22.

FEDERATED SHAN STATES.—The total cost of the vaccination department in the Federated Shan States was Rs. 34,739-0-6 (Rs. 38,501-15-9). The average cost of each successful case worked out at Re. 0-9-8 (Re. 0-8-0).

63. General Remarks.—The number of operations exceeds last year's record figure. There is a considerable increase in revaccinations, while there is a slight fall in primary vaccinations. A number of people refused to submit to vaccination in Amherst and Mergui districts and in Rangoon and Mandalay towns. The practice of illegal inoculation was reported from Henzada and Minbu districts and a fine of Rs. 15 was imposed in each case. Compulsory revaccination was introduced in four more towns, thus increasing their number to 45. The number of district councils enforcing compulsory revaccination remained the same as last year (20). The draft vaccination bill consolidating the existing vaccination laws is still under consideration.

Some important changes have been made at the instance of the Public Health Commissioner with the Government of India in the method of preparation of this report and of the statistical statements appended to it. Statement IV showing particulars of vaccination verified by inspecting officers has been discontinued. Statements I and II have been amalgamated and the amalgamated statement has been split up into (a), (b) and (c) to show separate figures for rural, urban and other areas. In the sub-statement (c) are also shown the figures for the Federated Shan States.

CHAPTER XIII.

Other Public Health Services.

64. Mines.—The report of the medical officer, Burma Corporation Limited, Namtu, for the year 1934, and a summary of the health conditions in mines and quarries are published as Appendix C (page 61).

65. Harcourt Butler Institute of Public Health.—

GENERAL.—The following courses of instruction were conducted in the institute during the year :—

(1) The Rangoon University M.B. course in Hygiene and Public Health.

(2) The Government of Burma License in Hygiene course for sub-assistant surgeons.

BACTERIOLOGICAL SECTION.—The following work was done in the laboratories of this section during the year :—

(1) Water examinations	...	...	388
(2) Shaving brushes ...	...	...	17
(3) Urine ...	...	...	1
(4) Sputum examinations	...	...	16
(5) Smears ...	...	...	2
(6) Faeces	...	...	3
Total	...	...	<u>427</u>

A number of examinations were done on water samples from tube wells in Rangoon situated close to septic tank installations. The results obtained failed to disclose any contamination, but the investigation was not completed by the end of the year.

CHEMICAL SECTION.—During the year a total of 665 samples were examined. The total is made up as follows :—

Miscellaneous foods and drugs	...	280
Waters	... ..	347
Effluents	... ..	10
Rangoon river water in connection with the river pollution investigation	... ..	28

These examinations were undertaken for the following bodies and individuals :—

Public Health Department.	Hospitals.
Public Works Department.	Jails.
Police and Military Departments.	Civil surgeons.
Municipalities.	Port Trust.
District Councils.	Private firms and individuals.

The table below gives details of the various foods and drugs examined :—

Description of samples.	Number examined.	Number adulterated or otherwise unsatisfactory.
Barley grains	1	...
Cinchona febrifuge tablets	15	1
Corroded iron pipe	1	...
Dhal	7	1
Disinfectants	6	...
Drugs	2	...
Ghee	108	25
Milk, fresh (for experimental investigation)	32	...
Milk, fresh	1	1
Milk, human	3	...
Oil, groundnut	2	...
Oil, mustard	32	16
Rice	33	19
Rice bran	28	...
Salt, iodized	1	...
Soap	2	...
Soil	1	.
Tea	1	...
Tinned food	2	...
Wheat flour	1	...
Wood preservative	1	...
Total	280	63

The investigation for determining the degree of pollution of sewage laden water in the Rangoon river was completed in the beginning of 1934.

In addition to the analytical work, practical classes were held for the students of the License in Hygiene Class in the routine analysis of water, milk, ghee, rice and edible oils.

Owing to financial stringency, the post of Public Analyst remained unfilled. The examination of foodstuffs for Government departments and under the Ghee Adulteration Act was done in the laboratory of the Chemical Examiner. The Assistant Chemist continued to carry out the routine work of the chemical section of the Institute.

PLAGUE SECTION.—Rats from the Rangoon Port area and from seagoing vessels were examined constantly throughout the year for any signs of latent plague infection. Altogether 2,763 rats were examined and the result in each case was negative.

In November, experiments were started with Liverpool, Danysz and Rattin viruses obtained from the Lister Institute. The results obtained fell short of the success claimed for these viruses by other writers.

MALARIA BUREAU.—Investigations were undertaken into the incidence of malaria in the following places :—

- (1) Payan and Leikchin village-tracts (Shwebo District),
- (2) Twantè Ridge estate (Hanthawaddy District),
- (3) Kumodein village-tract (Hanthawaddy District),
- (4) Government wireless station (Insein District).

The anti-malarial measures which were being undertaken at Maymyo and Lashio were inspected.

Experiments on the control of fly breeding were made at the Mill Road refuse dump of the Corporation of Rangoon from 1st July to 30th September 1934 in conjunction with the Health Officer, Rangoon Corporation.

“ Hormil ”, an ant poison, was tested to find out whether it was an effective remedy in destroying ants.

“ Congo Kiss ”, a proprietary preparation, was tested to learn of its efficacy as a larvicide. Pyrocide No. 20 was used to ascertain its killing power on adult domestic flies.

Blood smears totalling 208 from 25 villages and towns were examined for the presence of malarial parasites. Larvæ totalling 1,341 were received from six towns and 27 villages and identified as belonging to 15 species of anophelines. One species of larva, *viz.*, *A. insulæflorum* which was found in Lashio, had not been recognised previously in Burma.

Adult anophelines totalling 109 were received from 20 villages and identified as belonging to 15 species. Culicines larvæ totalling 992 were received from four villages and one town and were grouped under five species.

Twenty culicine adults were sent from four villages and one town and were identified as belonging to five species.

A cinema demonstration of anti-malarial measures in Assam and Bengal was given by Dr. Ramsay of the Ross Institute who was passing through Rangoon.

Fish Breeding.—The breeding of *Gambusia affinis* was carried out on a much larger scale with great success. A second tank was constructed during the year. Thirteen stations were supplied with fish for anti-larval work. A new species of fish *Dermogenys burmanicus* was added to the list of indigenous larvivorous fish.

66. Burma Ghee Adulteration Act.—It is reported that 76 samples were sent for analysis from Rangoon, of which 66 were found genuine, five adulterated, and five slightly adulterated. Three prosecutions were instituted and the parties were fined. Of the two remaining cases, one party had a small quantity of ghee which was seized and destroyed; the other party was allowed to re-ship the whole consignment. Those whose samples were found to be slightly adulterated were let off with a warning. Of the two samples sent for analysis from Akyab, both were found adulterated. Prosecutions were instituted in which one party was convicted and fined and the other discharged on the plea that the article was not sold as ghee but as grease and oil mixture.

67. Port Health Administration.—Owing to the increasing prevalence of cerebrospinal fever in India, the rules under the Indian Ports Act for the prevention of the spread of contagious or infectious diseases were extended to that disease in respect of all vessels arriving in the ports of Rangoon, Akyab, Bassein, Moulmein, Tavoy and Mergui.

RANGOON.—A separate report for Rangoon is published as Appendix D (page 67).

AKYAB.—The number of incoming vessels inspected was 366 of which 342 were from Indian and 24 from foreign ports. They carried a total of 31,677 passengers and 30,491 crew. Vaccinations performed on incoming vessels numbered 15,964, of which 488 were primary and 15,476 revaccinations. Forty vessels carrying 20 passengers and 1,082 crew left for ports beyond India and were inspected prior to departure.

KYAUKPYU.—Only coastal vessels, plying from Chittagong to Rangoon and back, call at this port. It is reported that 312 passengers arrived from and 308 passengers proceeded to India by the 104 vessels that passed through Kyaukpyu during the year. Under the regulations in force neither incoming nor outgoing passengers were inspected.

BASSEIN.—Incoming vessels numbered 101 of which 81 were from India and 20 from foreign ports. They carried no passengers and 6,785 crew. Disinfection and vaccination were carried out on the

crew of 66 on one infected vessel. Twenty vessels proceeded to ports beyond India and the effects of 977 Asiatic and African crew were disinfected.

MOULMEIN.—The vessels from Indian and foreign ports which arrived during the year totalled 157 carrying 10,525 crew and 523 passengers, who were inspected for evidence of any contagious disease. Outgoing vessels numbered 159 carrying 10,664 crew and passengers.

MERGUI.—Fifty-three vessels arriving from and 52 vessels proceeding to Malayan ports were inspected by the Port Health Officer. The incoming vessels are reported to have carried 352 passengers and 3,584 crew and the outgoing vessels, 737 passengers and 3,517 crew.

TAVOY.—The B.I.S.N. Company's steamers on fortnightly service between Rangoon and Penang, on their homeward journeys, called at this port and during the year 142 passengers were inspected on arrival.

68. Expenditure on Public Health Services.—The total amount spent during the year by local authorities on public health services was Rs. 67,72,925 of which Rs. 59,71,013 were spent in towns and Rs. 8,01,912 in districts. The percentage of income expended by all local bodies on these services was 15·49, the figure for towns being 18·18 and for districts 7·37. Of the total income from all sources, 3·08 per cent. was spent on construction and maintenance of water works, 0·85 per cent. on drainage and 6·38 per cent. on conservancy. More detailed information is given in Statement A (page 76).

69. Provincial Public Health Board.—The annual report from the Secretary of the Board is published as Appendix B (page 60).

70. Inspections.—Inspections of the following places were carried out by the Director and Assistant Directors during the year :—

Sagaing, Pakôkku, Magwe, Minbu, Prome, Myingyan, Nyaung-U, Pagan, Mandalay, Shwebo, Meiktila, Bassein, Henzada, Myanaung, Kyangin, Moulmein, Thatôn, Maymyo, Tharrawaddy, Letpadan, Minhla, Gyobingauk, Zigôn, Nattalin, Thazi, Hsipaw, Lashio, Namtu, Kalaw, Syriam, Kyauktan, Akyab, Kyaukpyu, Sandoway and Insein towns; the Rural Health Unit, Hlegu and some of the villages in the districts of Myingyan, Meiktila, Insein, Hanthawaddy and Sandoway.

In November Major E. Cotter, I.M.S. attended the all-India conference of medical research workers in Calcutta.

CHAPTER XIV.

General Remarks.

71. Personal Proceedings and Office.—Mr. J. A. Anklesaria, M.B., B.S., D.P.H., officiated as Director of Public Health, Burma, from the beginning of the year to the 12th May 1934 when he reverted

to his substantive appointment of Port Health Officer, Rangoon. Major E. Cotter, I.M.S. returned from leave on 12th May 1934 and held charge of the department for the rest of the year.

Of the two appointments of Assistant Director of Public Health, Burma, one was held by U San Hla Aung, M.B., Ch.B., D.P.H., throughout the year. The other appointment was held by U Maung Gale, B.A., M.B., D.P.H., until the 13th May 1934 when Mr. K. T. Jungalwalla, L.M. & S., D.P.H., on reversion from his officiating appointment as Port Health Officer, Rangoon, relieved him.

E. COTTER, *Lieut.-Col., I.M.S.,*
Director of Public Health, Burma.

RANGOON, *31st August 1935.*

APPENDICES.

	PAGE
APPENDIX A.—Annual Report of the Superintending Engineer, Public Health Circle, Burma, for the year 1934	59
APPENDIX B.—Annual Report of the Provincial Public Health Board for the year 1934	60
APPENDIX C.—Health Conditions in Mines	61
APPENDIX D.—Annual Report of the Health Officer of the Port of Rangoon for the year 1934	67
STATEMENT A.—Showing the Income and Expenditure on Sanitary Service in Towns and Districts of Burma during the year 1933-34 ...	76
STATEMENT B.—Showing Public Health staff employed in Burma during 1934	78
STATEMENT C.—Showing Maternity and Child Welfare Centres, Health Visitors, and Trained Midwives in Burma during 1934 ...	80

Vital Statistics Statements.

STATEMENT No. I.—Births	82
STATEMENT No. II.—Deaths	84
STATEMENT No. II (a).—Births and Deaths in Backward Areas	86
STATEMENT No. III-A.—Deaths by Months in Rural Areas	88
STATEMENT No. III-B.—Deaths by Months in Urban Areas	90
STATEMENT No. IV.—Deaths by Age periods in Districts	94
SUPPLEMENTARY STATEMENT No. IV.—Details of Deaths by Age periods under one year in Districts	96
STATEMENT No. IV-A.—Deaths by Age periods in Towns having a population of 10,000 and above	98
SUPPLEMENTARY STATEMENT No. IV-A.—Details of Deaths by age periods under one year in Towns having a population of 10,000 and above	100
STATEMENT No. V.—Deaths by Classes	102
STATEMENT No. V-A.—Deaths according to Sex in the four main classes ...	104
STATEMENT No. VI-A.—Births and Deaths in Rural Areas	106
STATEMENT No. VI-B.—Births and Deaths in Urban Areas	108
STATEMENT VI-B (a).—Details of Deaths in Towns under certain specific causes	112
STATEMENT No. VII.—Deaths from Cholera	122
STATEMENT No. VIII.—Deaths from Small-pox	124
STATEMENT No. IX.—Deaths from Fevers	126
STATEMENT No. X.—Deaths from Dysentery and Diarrhoea	128
STATEMENT No. XI.—Deaths from Respiratory Diseases	130
STATEMENT No. XII.—Deaths from Plague	132

Vaccination Statements.

STATEMENT No I (a).—Showing particulars of vaccination in the Districts (excluding towns) of Burma during the year 1934-35	134
STATEMENT No. I (b).—Showing particulars of vaccination in the towns of Burma during the year 1934-35	142

	PAGE
STATEMENT No. I (c).—Showing particulars of vaccination in different areas of Burma and States during the year 1934-35 ...	154
STATEMENT No. II.—Showing the number of persons primarily vaccinated and the number of those persons who were successfully vaccinated in the Province of Burma in each of the official year 1934-35	160
VACCINATION : APPENDIX A.—Showing the ratio per 10,000 successfully vaccinated and the mortality from small-pox by quinquennial periods	162
VACCINATION : APPENDIX B.—Statistics relating to the number of children under one year of age in the towns available for vaccination and the number of successful operations performed on them	163

VITAL STATISTICS CHARTS I TO III AND MAP AND VACCINATION CHARTS I AND
II PASTED AT THE END.

APPENDIX A.

NARRATIVE PROGRESS REPORT OF PLANS AND ESTIMATES PREPARED AND WORKS CARRIED OUT BY THE SUPERINTENDING ENGINEER, PUBLIC HEALTH CIRCLE, BURMA, DURING THE YEAR 1934.

I.—WATER SUPPLY.

The most important project in progress in the province was the reconstruction of the Akyab waterworks. This work made satisfactory progress under the supervision of the municipal engineer and was the subject of considerable correspondence and technical advice from this department.

The Mandalay municipal water supply was inspected and advice given for carrying out essential improvements estimated to cost Rs. 1,02,855.

The Moulmein municipality sunk a series of tube wells into the sandstone formation and these were inspected and tests are still being carried out to ascertain the probable yield of water when subjected to continuous pumping.

The Magwe water supply was completed and pumping tests were carried out by the Executive Engineer, Magwe Division, on behalf of this department.

The Pyapôn tank water supply was inspected and finally passed and brought into use.

The existing water supplies in Government buildings and institutions were maintained in satisfactory condition and minor improvements and alterations were carried out to various installations at an aggregate cost of Rs. 15,831. The principal works were the reconditioning of tube wells at the agricultural farm at Hmawbi, the Dufferin hospital, Rangoon, and Government House, Rangoon, at a cost of Rs. 2,314 ; the improvement of the water supply at the Agricultural College, Mandalay, at a cost of Rs. 8,560 and the installation of a portable Rushton Pumping Plant at the Thayetmyo Borstal Institute at a cost of Rs. 1,010.

Fourteen estimates aggregating Rs. 21,291 were prepared for improvements to water supply installations in connection with Government buildings and local bodies. Among the principal works were an estimate amounting to Rs. 5,348 for providing water supply to the Thônghwa hospital, and the installation of bulk meters for various water supplies in the province.

Investigations were carried out for installing a water treatment plant at the Mandalay hospital for softening the water and removing the iron.

II.—SANITARY INSTALLATIONS OF BUILDINGS, SEWERAGE AND SEWAGE DISPOSAL SCHEMES.

The sanitary installation and water supply at Prome Civil Hospital, started last year, was completed at a cost of Rs. 16,970 and 13 minor improvements to existing installations were taken in hand at an aggregate cost of Rs. 5,260.

A project was prepared amounting to Rs. 13,900 for internal sanitary and sewage disposal works for the residential buildings of the wireless station at Mingaladon, and a start was made on the work.

An estimate was prepared amounting to Rs. 3,710 for extending the sewage installation of the Mandalay Civil Hospital to the post mortem room, burgess ward, and maternity ward, and another estimate amounting to Rs. 1,457 was prepared for providing trough lavatory basins in the operation theatre at the Rangoon General Hospital.

Inspections were made and tentative estimates prepared for installing dumping septic tanks for sewage disposal in Delta towns at Pyapôn, Bogale, Dedaye and Thôngwa.

III.—BAZAARS.

Nine estimates aggregating Rs. 2,85,647 were prepared for improving or constructing bazaars at Insein, Kyaunggon, Moulmeingyun, Thanbyuzayat in the Amherst District and Tavoy.

IV.—DRAINAGE SCHEMES.

Drainage schemes aggregating Rs. 10,561 were examined and reported on at Insein bazaar area, Minhla bazaar and Allanmyo.

V.—BURMA UNDERGROUND WATER ACT, 1930.

Two hundred and five permanent licenses both for existing and new tube wells were granted in accordance with the Burma Underground Water Rules, 1932.

APPENDIX B.

ANNUAL REPORT OF THE PROVINCIAL PUBLIC HEALTH BOARD FOR THE YEAR 1934.

The Board remained in a state of suspended animation throughout the year. No new sanitary engineering works were financed and, as the Board's past commitments had already been fully discharged, the allotment of Rs. 500 for unforeseen charges in the budget estimates for the year 1934-35 had to be surrendered.

Completion reports were received in respect of the Nyaunglebin and Pyapôn water supply schemes. The former was completed at a cost of Rs. 1,93,212-1-0 as against the original estimated cost of

Rs. 2,01,720 and revised administrative approval was accorded. The Pyapón water supply scheme was completed at a cost of Rs. 87,870-5-0, and the municipal committee applied for an additional contribution to make up two-thirds of the cost of installing 19 additional pumps, the cost of which had not been provided for in the original estimate. This application was pending at the close of the year under report.

The year saw the postponement *sine die* for want of funds of the Paungde water supply scheme which was estimated roughly to cost rupees eight lakhs. The investigations and surveys, towards the cost of which the Board sanctioned a contribution of Rs. 5,040 in 1927, were not completed and the unspent balance of the contribution was refunded to Government. The Yenangyaung water supply scheme, towards the cost of which the Board had made generous contributions in the past, proved a failure; and proposals for obtaining water from a new source were under consideration at the close of the year under report.

An application was received from the Mandalay Municipal Committee to utilise the balance of the grant made by the Board in 1922 for the survey of a permanent water supply scheme, on improvements to the existing supply. As the proposals of the Committee were not approved it was merely decided to postpone recovery to enable the Committee to re-examine the question and put up fresh proposals in consultation with the Superintending Engineer, Rangoon Circle.

Recovery of the balance of a grant made by the Board was also postponed till 1936 in the case of the Thingangyun water supply scheme. The Town Committee, faced with the alternative of either refunding the balance or maintaining a reduced water supply scheme and imposing a water tax for the purpose, has undertaken to put a reduced water supply scheme into operation and impose the necessary taxation.

Enquiries received from local bodies as to the possibility of grants from the Board in the near future indicate that they have many schemes of public health engineering works in contemplation, and that the Board will have its hands full as soon as the financial situation permits the Board to resume its activities.

APPENDIX C.

SANITARY CONDITION IN MINES.

A.—BURMA CORPORATION, LIMITED, NAMTU.

Diseases.

MALARIA.—	{ Number of cases	...	... 6,697
	{ Number of deaths	...	... 61

Case mortality for the year is 0·91 per hundred as compared with 0·78 per hundred in 1933.

The incidence of malaria showed an increase in 1934. Owing to the large floating population in this area many of the patients come from districts outside the protected areas. During the rainy season many of the Chinese labourers arrive in the district, already heavily infected with malaria contracted elsewhere, and are admitted immediately for treatment. The fixed population of Namtu showed no increase in the numbers of individuals attacked. It was considered unnecessary to give quinine as a prophylactic measure during the rainy season as malaria did not assume epidemic proportions.

MOSQUITOES.—The following is a table of larvæ of anopheline mosquitoes found in this area during the year :—

Comparative prevalence of Anopheline species. (Larvæ.)

Species.	Number of larvæ found.	Percentage.	Number of breeding places.	Percentage.
(1)	(2)	(3)	(4)	(5)
Maculatus ...	603	59·18	119	45·25
Maculipalpis ...	152	14·92	52	19·77
Gigas ...	57	5·59	13	4·94
Minimus ...	54	5·30	20	7·61
Culicifacies ...	54	5·30	20	7·61
Aitkeni ...	32	3·14	13	4·94
Vagus ...	26	2·55	8	3·04
Sinensis ...	13	1·27	1	0·38
Barbirostris ...	12	1·18	6	2·28
Fuliginosis ...	9	0·88	6	2·28
Stephensi ...	5	0·49	4	1·52
Kochi ...	2	0·20	1	0·38
	1,019	100·00	263	100·00

During the year larvæ of *A. stephensi* were found in the district for the first time.

ENTERIC FEVER.— { Number of cases ... 63
 { Number of deaths ... 7

Case mortality for the year is 11·11 per hundred.

All the patients admitted for this disease came from various districts of the area. The disease did not become epidemic. Under the circumstances the source of infection was difficult to trace. It is customary now to offer anti-typhoid inoculation to all in contact with these infected persons. The majority of the people take advantage of the offer and are given two doses.

PNEUMONIA.— { Number of cases ... 87
 { Number of deaths ... 32

Case mortality for the year is 36·78 per hundred.

The majority of these cases are treated at their homes by amateur physicians and it is only when symptoms become alarming that they are sent to hospital. This disease has a high death rate amongst the coloured races in the district.

DIPHTHERIA.—	{	Number of cases	...	...	10
	{	Number of deaths	...	...	2

Case mortality for the year is 20 per hundred.

Three distinct outbreaks occurred in different parts of the area. In March an adult and two children, all of the same family, were attacked. In April five members of one family and a neighbour who visited this house contracted the disease. Another employee in a distant part of the area, who had returned from local leave, was found to be suffering from diphtheria. All the contacts were protected by prophylactic doses of antidiphtheria serum. The disease did not spread.

TUBERCULOSIS OF LUNG.—	{	Number of cases	...	...	44
	{	Number of deaths	...	...	17

Case mortality for the year is 38·63 per hundred as compared with 39·06 per hundred in 1933.

This disease runs a rapid course amongst the coloured labour in this area and resistance to it is low. The majority of patients are of the coolie class and are not employees of the Corporation. All cases are isolated as soon as possible.

BLACKWATER FEVER —	{	Number of cases	...	...	4
	{	Number of deaths	...	...	1

Case mortality for the year is 25 per hundred.

Two of the persons suffering from this condition came from villages about twelve miles from Namtu. The population of the villages from which they came are heavily infected with malaria. Both recovered and were advised to go to a non-malarious district.

LEAD POISONING—	{	Number of cases	...	...	5
	{	Number of deaths	...	...	<i>Nil.</i>

During the annual routine examination of the employees who are exposed to lead hazard, five (5) men were found to be showing signs of lead impregnation. All five were kept in hospital for treatment. Four of these persons improved under treatment and were able to return to work. A change of work was recommended. One of the five was resistant to treatment for a long time but eventually improved slightly. He was given compensation and was discharged from the Corporation's service.

STIPPLING OF THE BLOOD.—The following table shows the result of blood examinations during the annual routine examination.

Sections.	Stippling.		Total number of Employees examined.
	Positive.	Negative.	
Blast Furnaces	174	691	865
Sinter Plant	51	275	326
Refinery	40	278	318
Miscellaneous	24	209	233
Copper Plant	14	211	225
Contractor's coolies	94	445	539
	397	2,109	2,506

Treatment.—Acetylcholine hydrobromide was tried in cases of lead colic. The result was not as good as expected.

The routine treatment is now vegetable diet, alkalies, and electric massage when there is any weakness of the muscles or loss of tone, and later potassium iodide in increasing doses.

DYSENTERY—	{ Number of cases	97
	{ Number of deaths	3

Case mortality for the year is 3.09 per hundred.

All these cases seen were amoebic dysentery. This infection is endemic in this area and yields readily to treatment. No cases of chronic amoebiasis were found.

SMALLPOX—	{ Number of cases	1
	{ Number of deaths	Nil.

No other case of smallpox was seen during the year.

Vaccination.—All children of employees are vaccinated as soon after birth as possible. In Namtu no objection is offered by the parents. Smallpox is endemic in the Shan villages but never seems to take hold in Namtu.

CHOLERA.—No cases of this disease was seen during the year.

The annual prophylactic inoculation against cholera was given to the employees of Burma Corporation, Limited, who are exposed to danger of infection.

The number of outside villagers who present themselves for inoculation is becoming less every year. This is due to the fact that absence of the disease for the last five years has made them indifferent.

In Burma Corporation, Limited, all new employees in the railway department are given anticholera prophylactic inoculation before they are engaged.

VENEREAL DISEASE.—Very few cases of venereal disease came for treatment to the hospital although every facility is given.

HOOKWORM—	{	Number of cases	...	...	12
		Number of deaths	...	...	<i>Nil.</i>

Patients who were being treated for other conditions of ill-health were found to be harbouring hookworm. The number of persons infected was small and all were newcomers and non-employees.

MATEKNITY AND CHILD WELFARE.—

Number of cases	{	Normal labour	...	...	151
		Abnormal labour	...	...	22
					173
Number of deaths		...	...		2
Number of women and children attended hospital for anti-natal and post-natal treatment		...	...	...	226

This scheme is not taken advantage of to the extent it deserves. The number of people who come for advice is increasing every year and many more are now coming for ante-natal treatment than formerly. The unqualified midwife is the principal opposition and until the people get more educated this opposition will remain. For all that, much can be done by ante-natal advice, and minor malpresentations can be corrected during the last month of pregnancy and child birth made easier. The people are beginning to understand this.

The two deaths were those of patients, delivered outside by untrained midwives, who were admitted to hospital suffering from acute lymphatic sepsis.

SANITATION OF THE AREA.—Very few pit latrines now remain in the area. In Panghai and Ehaung the new bucket conservancy system is a success and householders are satisfied.

SANITARY CONDITION OF BAWDWIN MINE.—The general health of the workers was good. There was no epidemic of any disease in this area. The mine was in a very sanitary condition during the year. There was a plentiful supply of good drinking water in all levels. No complaints were received from the workers or the staff. Lead poisoning is not found amongst the miners in this mine and owing to the absence of hard rock the workers do not develop silicosis.

J. HUGHES, *M.B., B.S., D.P.H.*,
Chief Medical Officer.

B.—MERGUI DISTRICT.

The District Health Officer, Mergui, reports on the sanitary condition of the mines in the district as follows :—

“ During the year under report I inspected seven mines within Palauk village-tract. The general health of the labourers was fairly

satisfactory. Water supply was sufficient and conservancy and housing arrangements were also satisfactory. No proper medical relief was available in any of the mines I inspected. In some mines, I found they keep a certain amount of medicines with little dressings. The medical cases and surgical cases were sent to the hospital at Palaw. I would suggest that all the mines in Palauk village-tract should arrange to employ one doctor conjointly with the headquarters at Palauk to give medical facilities to the labourers in the mines. The doctor, if employed, can arrange himself to inspect one mine after another in the village-tract and give necessary medical relief in each mine in rotation."

C.—TAVOY DISTRICT.

The District Health Officer, Tavoy, reports as follows :—

"A certain number of mines were visited by me. The general health, except during a certain period of the year, was good. Most of the mines have an excellent water supply brought down by pipes from a reservoir. The supply was liberal. A few have to resort to wells. Instructions were issued that these should be chlorinated. The conservancy was good. Some mines were on the bucket system and others on the pit. The latrines and drains were kept clean by means of lime. Several of the bigger mines maintain hospitals, which in two cases are in charge of a subassistant surgeon, and in other cases in charge of compounders. The state of vaccination in the mining camps was high and the general cleanliness and sanitation excellent. No industrial diseases occurred in any of the mines and, beyond accidents and minor ailments, the only disease worth mentioning was malaria which occurred during the rains."

D.—AMHERST DISTRICT.

The District Health Officer, Amherst, reports as follows :—

"There were six mines and four quarries according to the list supplied by the Deputy Commissioner, of which three mines and one quarry were working during the year under report. As the District Health Officer had been very busy, he could not inspect the mines himself nor could he depute any of his assistants on account of shortage of personnel. No epidemics in the mines were reported during the year."

E.—THATÔN DISTRICT.

There are seven quarries and three wolfram mines in the district of which the quarries only were inspected by the District Health Officer, Thatôn, during the year.

General Health.—The quarries are situated in healthy localities, but most of them are open to cholera, small-pox or plague infection from the surrounding villages. Malaria prevails in localities where wolfram mines are. The general health of the the labourers was good, but as

many of them were not permanent residents in the quarries no opinion can be formed as to how the nature of the work affected their health. When labourers fall ill they leave their work, and only healthy ones are found working.

Sanitation.—Most of the quarries have no latrine arrangement. A few have latrines but quite insufficient for the requirements. The owners explain that the labourers prefer to resort to the neighbouring jungle. All the quarries have a few shallow wells in the neighbourhood but there is no arrangement for storing water for use during working hours.

Housing.—The housing condition of all the quarries is unsatisfactory. In Martaban Quarry, the owner has constructed some huts for some of the labourers. In Taungzun, the owner has allotted one dilapidated building near his rice mill for a few of the labourers. But mostly the owners encourage the labourers to build huts on lands belonging to the owners or on village land in the neighbourhood. In this way some insanitary hamlets have cropped up in the neighbourhood of the quarries which are liable to affect the health not only of the workers but also of the neighbouring villages.

Medical facilities.—All the quarries have first aid equipment.

F.—SOUTHERN SHAN STATES.

The District Health Officer, Southern Shan States, reports that in Mawchi mining operations were carried out. The company keeps a good water supply, provides housing accommodation and medical relief for the workers and the people there. The health of the workers was generally good.

APPENDIX D.

ANNUAL REPORT OF THE HEALTH OFFICER OF THE PORT OF RANGOON FOR THE YEAR 1934.

INSPECTION OF INCOMING SEAGOING VESSELS.

1. VESSELS INSPECTED.—The total number of vessels inspected in the year was 1,251 or 57 more than in 1933. Of these, 875 were from Indian and 376 from foreign ports. They carried 117,896 crew and 241,204 passengers, the latter figure being more than the figure of 1933 by 17,411. In addition, a number of passengers totalling 5,389 from ports in Burma were examined at Rangoon. These passengers embarked at Akyab, Kyaukpyu and Sandoway on vessels which were on their way to Rangoon from Indian ports.

2. INFECTIOUS DISEASES.—Thirty cases of infectious diseases, 16 more than in 1933, were reported by commanders on 15 vessels, *viz.*, 2 cholera, 2 smallpox, 23 chickenpox and 3 measles. Except for one case of cholera, removed at a previous port of call, and one case of

measles taken to the Military Hospital, Rangoon, all the cases were taken to the Contagious Diseases Hospital, Rangoon. The following unreported cases of infectious disease were detected on 18 vessels by the Port Health Staff during the course of medical inspection:— 2 smallpox, 15 chickenpox and 6 measles. These were also removed to the Contagious Diseases Hospital.

Nineteen lepers were found during the inspection of passengers. With the exception of one who was on his way to a leper asylum, all were allowed to proceed to their homes.

During December a severe outbreak of beri-beri occurred among the Asiatic crew of a vessel. Sixteen men who showed acute symptoms of this disease were removed to hospital on the arrival of the vessel in this port. Two of them died in hospital. It is difficult to assign any one cause for the occurrence of the epidemic on board. The provisions were examined by me and were found to be satisfactory in quality. In my opinion this epidemic must have been due to some bacterial infection and not to food deficiency. The provision store-rooms were fumigated and new provisions were supplied. The master was instructed to report immediately any further cases to me. I am glad to say no more cases have occurred on the ship.

3. DEATHS FROM NON-INFECTIOUS DISEASES.—Twelve such deaths were reported on a total of 12 vessels.

4. VACCINATIONS PERFORMED.—The number of passengers examined under the Vaccination Act was 246,593. Of these, 97,319 were found protected against smallpox and the balance of 149,274 were vaccinated. In addition, 14 vaccinations were performed among the members of ships' crews. The large number of vaccinations totalling 149,288 is satisfactory and constitutes a very important preventive measure against smallpox, not only for Rangoon but for the whole Province.

5. DISINFECTION.—Disinfection of the effects of 734 members of crew, 1,424 passengers and 112 baggage coolies was carried out.

6. SEGREGATION.—Nil.

7. RIVERINE VESSELS.—The following deaths and cases were reported on riverine vessels during the year:—Five deaths from non-infectious diseases, one death from cholera, 1 case of chickenpox, 2 cases of leprosy and 2 cases of fever. All precautionary measures were taken by this department. The effects of twenty-five members of crew were disinfected.

INSPECTION OF OUTGOING SEAGOING VESSELS.

8. There were 517 vessels proceeding to ports beyond India or 18 less than in 1933.

All the members of Asiatic and African crews, 35,394 in number, and all deck passengers, 15,687 in number, had their effects disinfected. European crew totalling 10,057 and 4,071 saloon passengers were inspected.

Vaccination was done on 117 crew and 291 passengers.

Coolies totalling 3,690 were inspected and their bodyclothes and uniforms were disinfected in steam prior to their handling passengers' baggage.

Temperature was tested on 94 members of crew and passengers. Of these, 2 were found to have normal temperature. Of the remainder, 74 were allowed to embark on the Commander's responsibility, 16 (including 1 chickenpox) were sent to hospital in Rangoon and 2 were allowed to go to their residences.

No case of plague is known to have developed among the crews or passengers of these vessels on their outward voyage, and no case of rat plague was reported.

9. New members of crew inspected prior to signing on the ship's articles were 3,048. Of these, 3,008 were passed fit and 40 rejected.

10. VESSELS IN HARBOUR.—The following deaths and cases were reported on vessels in harbour during the year :—Five deaths from non-infectious diseases, one case of cholera, three cases of chickenpox, one case of mumps and one case of dysentery. All precautionary measures were taken by this department. The effects of 351 members of crew were disinfected.

11. Inspection of measures to prevent ingress of rats into vessels at wharves and in the stream were frequently carried out.

MISCELLANEOUS TRANSACTIONS AND REMARKS.

12. PORT OFFICE PERSONNEL.—Two hundred and eighty-one were examined. Of these, 276 were passed fit and 5 rejected.

13. FUMIGATION OF VESSELS.—(a) Forty-four vessels were fumigated by the Clayton machine to comply with the measures in force at their ports of destination.

(b) Deratisation exemption certificates were issued to 15 vessels after inspection.

14. INOCULATION AGAINST CHOLERA.—One hundred and forty anticholera inoculations were carried out on members of crew.

15. The disinfection stoves were worked for 880 hours.

16. Non-infectious cases detected numbered 793.

17. INSPECTION OF PROVISIONS FOR LASCAR CREWS.—The provisions for Asiatic crew on 241 ships were examined.

One hundred and thirty-seven samples were taken and analysed at the Harcourt Butler Institute of Public Health, Rangoon.

The results were as follows :—

			<i>Good.</i>	<i>Bad.</i>
Sample of dhal	..	...	5	1
Sample of rice	...	...	7	5
Sample of mustard oil	...	...	9	13
Sample of ghee	...	...	69	28
			<hr/>	<hr/>
			90	47 *
			<hr/>	<hr/>

* Replaced by articles of good quality.

18. PORT COMMISSIONER'S AREA.—(a) *Sanitation*.—The sanitation of the Port Commissioner's area which runs on the north side of the river from Neikban to Monkey Point and then to Salt Depôt was under my charge. The 1931 census gives the population of the area as 16,926. The following health staff was employed by the Port Commissioners :—

Public Health Inspector	...	...	1
Assistant Public Health Inspectors	...	...	2
Public Health Sub-Inspector	...	...	1
Sanitary Clerk	...	...	1
Sanitary Jemadars	...	...	2
Sanitary Maistries	...	...	7
Permanent Coolies	...	...	78
Temporary Coolies	...	...	24

The sanitation of the area was kept at a high standard.

(b) *Vaccination*.—The annual vaccination of all the employees of the Port Commissioners was commenced on the 6th February 1934 and was completed on the 8th March 1934. All employees were examined and those found unprotected were vaccinated. The total number of vaccinations was 2,544. No case of smallpox occurred in the area during the year.

(c) *Ratting and Trapping*.—The total number of rats destroyed during the year was 6,645 of which 2,683 were sent for laboratory examination. None of the rats was found to be infected with plague. No case of human plague occurred in the area during the year.

(d) *Cyanogassing of Rat burrows*.—Besides trapping, cyanogassing of rat burrows in the area was carried out throughout the year. A total of 7,521 burrows were gassed and 10,685 connecting holes were blocked during the year.

(e) *Inspection of Meat and Food*.—Inspection of imported food is done by the Municipal Health Department. In cases where a consignment is not taken delivery of, for some time, on account of its being unsatisfactory, the Port Health Officer is requested by the Traffic Manager, Port Commissioners, Rangoon, to do the inspections and make recommendations regarding its disposal. Several such inspections were carried out during the year.

19. PORT HEALTH STAFF.—The staff has worked to my satisfaction.

J. A. ANKLESARIA, M.B.B.S., D.P.H.,
Port Health Officer, Rangoon.

TABLE No. I.—Details of Incoming Seagoing Vessels inspected during the year 1934.

Month. (1)	From Indian Ports.					From Foreign Ports.					Total.					
	Number of vessels. (2)	Number of crew. (3)	Number of Passengers.			Number of vessels. (9)	Number of crew. (10)	Number of Passengers.			Number of vessels. (16)	Number of crew. (17)				
			Males. (4)	Females. (5)	Boys. (6)			Girls. (7)	Total. (8)	Males. (11)			Females. (12)	Boys. (13)	Girls. (14)	Total. (15)
January	72	7,050	14,205	1,351	720	442	16,718	32	3,114	1,199	295	114	99	1,707	104	1,0164
February	74	6,642	18,598	1,343	481	410	20,832	27	2,601	1,019	194	39	53	1,305	101	9,243
March	78	7,182	13,468	1,357	579	489	15,893	38	3,681	1,099	249	116	98	1,562	116	1,0863
April	75	7,163	13,762	1,522	702	461	16,447	39	3,458	1,308	248	125	86	1,767	114	1,0621
May	82	7,253	15,314	1,683	729	530	18,256	37	3,540	1,287	241	136	85	1,749	119	1,0793
June	74	6,643	11,854	1,247	625	384	14,110	29	2,715	781	165	50	52	1,048	103	9,358
July	74	6,772	12,629	1,173	570	364	14,736	26	2,696	920	132	52	32	1,136	100	9,468
August	70	6,569	11,337	1,070	532	340	13,279	35	3,402	967	218	94	86	1,365	105	9,971
September	61	5,614	13,598	1,309	572	398	15,877	25	2,600	985	184	96	60	1,325	86	8,214
October	73	7,169	18,242	1,799	790	611	21,442	28	2,804	1,268	438	155	114	1,975	101	9,973
November	68	6,438	28,291	1,765	1,154	609	31,819	30	2,935	1,138	400	129	98	1,765	98	9,373
December	74	6,860	25,276	1,806	1,275	591	28,948	30	2,995	1,019	312	124	77	1,532	104	9,855
Total	875	81,355	196,574	17,425	8,729	5,629	228,357	376	36,541	12,990	3,076	1,230	940	18,236	1,251	117,896

TABLE No. I.—Details of Incoming Seagoing Vessels inspected during the year 1934—concl'd.

Month. (1)	Total—concl'd.				Medical Inspection and Observation.										
	Number of passengers				Total inspected.		For temperature.		For vaccination.		Disinfection.				
	Males. (18)	Females. (19)	Boys. (20)	Girls. (21)	Crew. (23)	Passengers. (24)	Tested. (25)	Abnormal. (26)	Found protected. (27)	Vaccinated on wharf. (28)	Found protected. (29)	Vaccinated on wharf. (30)	Vessels. (31)	Crew. (32)	Passengers. (33)
January	15,404	1,646	834	541	10,164	18,425	50	42	10,156	8	8,143	10,282	1	127	178
February	19,617	1,537	520	463	9,243	22,137	73	64	9,243	...	9,049	13,088	7	101	...
March	14,567	1,606	695	587	10,863	17,455	54	48	10,863	...	7,486	9,969	7	...	192
April	15,070	1,770	827	547	10,621	18,214	44	39	10,615	6	7,474	10,740	7	173	...
May	16,601	1,924	865	615	10,793	20,005	61	50	10,793	...	7,967	12,038	4	...	...
June	12,635	1,412	675	436	9,358	15,158	69	61	9,358	...	5,835	9,323	...	...	...
July	13,549	1,305	622	396	9,468	15,872	54	47	9,468	...	6,438	9,434	1	102	493
August	12,304	1,288	626	426	9,971	14,644	56	49	9,971	...	5,686	8,958	3	231	561
September	14,583	1,491	608	458	8,214	17,202	59	50	8,214	...	6,023	11,179	2	...	...
October	19,510	2,237	945	725	9,973	23,417	114	100	9,973	...	9,159	14,258	1	...	...
November	29,429	2,165	1,283	707	9,373	33,584	129	112	9,373	...	12,435	21,149	...	...	...
December	26,295	2,118	1,399	668	9,855	30,480	75	66	9,855	...	11,624	18,856	1	...	...
Total	209,564	20,501	9,959	6,569	117,896	246,593	838	728	117,882	14	97,319	149,274	34	734	1,424

* Includes 5,389 passengers from Burma ports who were inspected by the Port Health Department, Rangoon.

TABLE NO. II.—Details of Outgoing Seagoing Vessels bound for Ports beyond India, inspected during the year 1934.

Month. (1)	Shore Inspection.										Results of Inspection.								
	Number of vessels.		Deck Passengers.					European crew.			Saloon Passengers.				Temperatures.				
	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
January	35	2,709	784	76	49	33	942	664	163	91	19	14	287	11	328	4	4	...	...
February	40	2,716	743	51	26	20	840	735	158	131	24	28	341	26	206	3	3	...	...
March	55	3,542	1,007	209	82	65	1,363	1,104	305	202	37	48	592	81	343	4	3	1	4
April	58	3,779	1,086	185	77	74	1,122	1,079	254	238	62	37	591	48	253	5	1	4	1
May	53	3,271	1,115	151	58	62	1,386	1,073	215	135	20	26	396	52	415	7	6	1	1
June	42	3,036	1,344	159	76	65	1,644	744	137	85	27	14	264	20	330	5	5	...	...
July	40	2,724	1,227	128	79	56	1,490	815	113	54	18	11	196	16	308	5	4	1	4
August	40	2,899	1,633	166	72	58	1,929	859	155	71	21	23	270	23	394	23	19	4	4
September	32	2,207	819	86	30	31	966	600	191	43	14	10	258	17	233	12	11	1	1
October	36	2,652	1,052	109	56	54	1,271	745	189	127	30	21	367	7	298	7	4	1	1
November	41	2,682	1,052	132	43	43	1,270	836	144	95	23	15	277	31	278	10	9	1	1
December	45	3,177	950	107	53	54	1,164	803	129	78	14	11	232	7	304	9	5	...	4
Total	517	35,394	12,812	1,559	701	615	15,687	10,057	2,153	1,351	309	258	4,071	339	3,690	94	74	18	18

TABLE No. II.—Details of Outgoing Seagoing Vessels bound for Ports beyond India, inspected during the year 1934—concl'd.

Month.	Diseases.				Disposal of Sick.					Disinfection.				Fumigation with Clayton Apparatus at agent's request.				Vaccination.	
	(21) Plague.	(22) Small pox.	(23) Chickenpox.	(24) Fever and other ailments.	(25) Civil General Hospital.	(26) Municipal Observation Hospital.	(27) Contagious Diseases Hospital.	(28) Passengers' residence.	(29) Other Hospital.	(30) Asiatic crew and deck passengers.	(31) Boots and shoes.	(32) Baggage coolies.	(33) Boxes.	(34) Vessels.	(35) Sulphur consumed.	(36) Time spent.	(37) Amount realised.	(38) Passengers.	(39) Crew.
January	3,651	108	328	528	1	1,500	15	405	15	40	
February	3,556	131	206	395	5	7,925	60	1,800	10	29	
March	1	1	...	...	...	4,905	71	343	640	2	3,881	18	840	10	23	
April	1	3	3	1	...	...	5,201	50	253	701	5	7,131	39	2,080	15	31	
May	1	1	...	...	...	4,657	33	415	825	3	4,043	27	1,365	27	100	
June	1	...	...	...	...	4,680	84	330	498	4	6,825	36	1,635	20	29	
July	1	...	...	...	...	4,214	36	308	479	4	5,118	37	1,460	6	12	
August	4	4	...	...	...	4,828	26	394	593	3	3,230	27	1,125	1	2	
September	1	1	...	...	...	3,173	...	233	358	4	4,200	25	1,330	...	...
October	1	1	...	...	...	3,923	60	298	362	3	4,108	26	1,320	5	9	
November	1	...	...	...	...	3,952	56	278	388	6	5,979	38	2,110	1	4	
December	4	2	...	...	...	4,341	21	304	352	4	5,156	32	1,635	7	12	
Total	1	17	10	5	1	...	51,081	676	3,690	6,119	44	59,096	384	17,105	117	291	

TABLE NO. III.—Statement showing the Infectious and other Diseases reported and detected on Incoming Seagoing and Riverine Vessels during the year 1934.

Diseases.	Seagoing.			Riverine.		In Port.		Disposal of Cases.						Corpses.			Remarks.						
	Number of vessels.	Cases.		Number of vessels.	Cases.	Number of vessels.	Cases.	Contagious Diseases.	Observation.	Hospitals.				Buried at Sea.	Rangoon Mortuary.	Buried by relatives.		Total.					
		(2)	Total.							Reported.	Detected.	(6)	(7)						(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
		(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	
Plague	...	2	2	...	1	1	1	1	2	1	...	...	...	...	...	1	3	...	1	...	...	...
Cholera	...	4	2	2	...	1	3	3	4	...	...	...	...	...	...	...	4	...	...	...	...	...
Smallpox	...	20	23	15	1	1	3	3	42	...	...	...	...	...	...	...	42	...	...	...	...	...
Chickenpox	...	7	3	6	...	...	1	1	8	...	...	...	...	...	...	...	9	...	...	...	...	...
Measles	...	3	2	1	...	...	1	1	3	1	...	...	...	...	...	...	4	...	...	...	...	...
Mumps
Typhoid
Cerebrospinal meningitis
Influenza
Dengue	...	183	34	420	1	2	1	1	5	4	37	24	3	35	94	...	199	...	...	...	...	...
Suspicious illness	...	65	91	107	2	2	...	...	...	...	...	...	...	18	...	...	21	...	...	...	...	...
Ordinary illness	...	19	2	17	5	5	5	5	...	...	...	...	...	...	...	...	...	10	9	3	...	...
Leprosy
Enlarged glands	...	12	12
Deaths (ordinary)
Total	...	315	739	568	10	11	11	11	64	461	37	25	3	53	94	1	738	10	10	3	23

STATEMENT A.—Statement showing Total Income from all sources and

Name of Division.	Total Receipts including opening balance.	Total Ex- penditure on Public Health purposes.	Amount			
			Water supply.		Drainage.	
			Capital outlay.	Establish- ment, repairs, etc.	Capital outlay.	Establish- ment, repairs, etc.
	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.
Towns in—						
Arakan Division ...	3,28,607	4,20,025	2,84,459	12,608	195	...
Pegu Division ...	2,50,68,719	35,72,143	5,867	7,47,405	...	2,77,500
Irrawaddy Division ...	16,04,971	4,60,541	11,871	28,406	4,730	5,776
Tenasserim Division ...	17,20,038	3,96,780	..	55,821	...	4,557
Magwe Division ...	7,82,151	2,80,878	50,095	48,936	...	7,403
Mandalay Division ...	27,10,908	6,98,448	21,380	42,139	1,462	68,225
Sagaing Division ...	6,23,961	1,42,198	57	12,498	...	1,281
Total ...	3,28,39,355	59,71,013	3,73,729	9,47,813	6,387	3,64,742
Districts in—						
Arakan Division ...	6,96,336	45,050	..	956	...	...
Pegu Division ...	23,44,309	1,91,582	500	2,251	...	...
Irrawaddy Division ...	24,24,114	1,68,029	2,120	3,209	...	...
Tenasserim Division ...	11,83,631	64,969	2,563	19	...	...
Magwe Division ...	11,16,108	1,07,898	1,469	5,074	...	...
Mandalay Division ...	13,89,445	1,05,691	1,296	3,197	...	...
Sagaing Division ...	17,28,467	1,18,693	392	3,316	...	762
Total ...	1,08,82,410	8,01,912	8,340	18,022	...	762
GRAND TOTAL, BURMA ...	4,37,21,765	67,72,925	3,82,069	9,65,835	6,387	3,65,504
Federated Shan States—						
Towns ...	2,45,102	68,372	3,546	4,961	191	5,572
Rural Areas ...	40,96,438	63,689	1,370	1,841	...	...
Total ...	43,41,540	1,32,061	4,916	6,802	191	5,572

Expenditure on Public Health purposes during the financial year 1933-34.

spent on

Conservancy (including road cleaning and watering) and latrines.	Epidemic charges (includ- ing plague).	Vaccination.	Registration of births and deaths.	Markets and slaughter-houses.	Charges on account of Health Officers and Public Health Inspectors.	Other sanitary requirements.
Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.
70,186	1,019	2,418	1,542	28,828	13,971	4,799
15,73,324	2,356	53,073	57,315	4,38,765	3,15,840	1,00,698
2,20,337	12,727	10,777	4,143	1,11,759	44,889	5,126
2,00,232	3,232	7,615	7,077	85,759	28,912	3,575
97,509	2,763	5,533	2,236	49,999	14,538	2,466
3,42,307	3,603	10,416	7,605	1,26,590	59,510	15,210
83,607	671	3,984	1,590	25,248	7,548	5,714
25,87,502	26,371	93,816	81,509	8,66,348	4,85,208	1,37,588
7,321	64	19,856	...	7,918	8,665	270
40,957	1,643	50,797	...	61,559	33,149	726
39,682	1,646	61,436	...	33,451	25,211	1,274
10,744	2,015	40,930	...	60	8,062	576
30,029	3,638	40,277	...	16,536	9,344	1,531
34,106	2,628	31,182	...	19,045	12,573	1,664
41,057	1,465	46,555	...	11,380	10,584	3,182
2,03,896	13,099	2,91,033	...	1,49,949	1,07,588	9,223
27,91,398	39,470	3,84,849	81,509	10,16,297	5,92,796	1,46,811
35,800	...	669	647	12,842	3,496	648
20,007	70	31,834	...	...	4,860	3,707
55,807	70	32,503	647	12,842	8,356	4,355

STATEMENT B.—Table showing Health Services in Rural

District.	Rural Areas.									
	Medical Officers of Health				Public Health Inspectors.	Inspector of Vaccination.	Vaccinators.		* Epidemic Staff.	School Medical Officer.
	Holding D.P.H.		Licentiates (L.P.H.)				Male.	Female.		
	Whole time.	Part time.	Whole time.	Part time.	(6)	(7)			(8)	(9)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Akyab	1	...	...	...	2	1	10	...	...	...
Arakan Hill Tracts	3	...	...	...
Kyaukpyu	1	6	...	...	...
Sandoway	1	...	3	...	...	...
Rangoon
Pegu	1	2	7	...	...	...
Tharrawaddy	2	1	10	...	...	...
Hanthawaddy	2	2	8	...	...	...
Insein	4	1	5	...	...	...
Prome	2	...	8	...	...	...
Bassein	3	1	11	...	...	...
Henzada	2	1	12	...	...	...
Myaungmya	1	...	...	...	3	1	12	...	...	...
Maubin	3	1	9	...	...	...
Pyapôn	1	...	...	...	3	1	8	...	...	...
Salween	1	4	...	...	...
Thatôn	1	1	12	...	...	...
Amherst	1	1	8	...	...	...
Tavoy	1	4	...	...	...
Mergui	1	...	4	...	...	...
Toungoo	1	1	10	...	...	...
Thayetmyo	2	...	7	...	...	...
Minbu	2	...	5	...	...	...
Magwe	2	...	7	...	...	...
Pakôkku	1	8	...	...	...
Chin Hills District	1	6	...	...	...
Mandalay	1	1	5	...	...	...
Kyauksè	1	1	4	...	...	...
Meiktila	2	...	5	...	...	...
Myingyan	2	...	10	...	...	...
Yamèthin	1	1	5	...	...	...
Bhamo	3	...	...	...
Myitkyina	1	...	3	...	...	...
Shwebo	3	1	11	...	...	...
Sagaing	1	...	6	...	...	...
Katha	1	1	6	...	...	...
Upper Chindwin	1	1	7	...	...	...
Lower Chindwin	2	...	7	...	...	...
Northern Shan States	2	...	21	...	...	...
Southern Shan States	1	3†	20	...	...	...
Provincial	(§) 22	...
Total	3	...	...	...	57	29	300	...	(§) 22	...

* This column should not include officers already noted in columns 2—5 nor should it include peons, coolies and
† Other health staffs should include food and water analysts, leprosy specialists or similar other important public
‡ Head

(§) 18 Epidemic Sub-Assistant Surgeons and
(¶) 1 Special Leprosy Officer and 1 Sub-

CORRIGENDA:—In the statement for

(1) against Rangoon in column

(2) against Total in column 23

and Urban Areas of Burma during 1934.

Urban Areas.

† Other Health Staffs. (12)	Medical Officers of Health				Medical Registrars. (17)	Public Health Inspectors. (18)	Inspector of Vaccination. (19)	Vaccinators.		* Epidemic Staff. (22)	School Medical Officers. (23)	† Other Health Staffs. (24)
	Holding D.P.H.		Licentiate (L.P.H.)					Male. (20)	Female. (21)			
	Whole time. (13)	Part time. (14)	Whole time. (15)	Part time. (16)								
..	1	...	...	...	1	1	...	2	...	...	...	...
..
..	...	...	...	...	..	1	..	...	..	...	...	...
..	...	...	...	...	..	1	..	1	...	...	...	...
..	5	...	...	...	..	13	38	25	...	12	...	36
..	1	...	1	...	..	2	...	2	...	...	...	...
..	...	...	...	...	..	7	...	6	...	...	...	...
..	...	1	...	...	..	2	...	3	...	...	1	...
..	...	...	...	...	..	3	...	3	...	...	...	...
..	1	...	1	...	..	4	..	3	...	...	...	...
..	1	...	...	...	..	5	...	4	...	...	...	...
..	1	...	...	...	..	3	...	3	...	...	...	...
..	...	...	...	...	..	3	...	3	...	...	...	...
..	...	...	...	...	..	3	...	3	...	...	...	...
..	...	...	...	...	..	2	...	2	...	...	...	...
..
..	...	...	...	...	..	2	...	1	...	...	...	...
..	1	...	...	...	..	5	...	3	...	...	...	...
..	...	...	...	...	..	2	...	2	...	...	...	...
..	...	...	...	...	..	1	...	1	...	...	...	...
..	...	...	...	...	..	3	...	3	...	...	1	...
..	...	...	1	...	..	1	...	2	...	...	...	...
..	...	...	...	...	..	2	...	1	...	...	...	...
..	...	1	...	...	..	4	...	4	...	...	...	...
..	...	...	...	...	..	1	...	1	...	...	...	...
..
..	2	...	...	...	..	3	...	5	...	2	...	...
..	...	...	...	...	..	1	...	1	...	...	...	...
..	...	...	...	...	..	1	...	1	...	...	...	...
..	1	...	...	...	..	2	...	2	...	...	...	...
..	...	...	...	...	..	3	...	2	...	...	...	...
..	...	...	...	...	..	1	...	1	...	...	...	...
..	...	...	...	...	..	1	...	1	...	...	1	...
..	...	...	1	...	..	2	...	1	...	...	...	...
..	...	...	...	...	..	1	...	1	...	...	...	...
..
..	...	...	...	...	..	1	...	...	...	...	...	...
..	...	...	...	...	..	1	...	1	...	...	...	...
..	...	...	...	...	..	1	...	...	...	1	...	...
..	...	...	...	...	..	2	...	2	...	...	...	...
(II) 2	...	...	...	...	..	...	...	...	...	...	...	...
(II) 2	14	2	4	...	19	123	...	96	...	15	3	36

menials such as sweepers, etc.
 health appointments but not menials, etc., e.g., sweepers, bhists, laboratory assistants, etc.
 vaccinators.
 4 Assistant District Health Officers.
 Assistant Surgeon attached to the Special Leprosy Officer
 1933, please read :-
 23 as Nil and in column 24 as 28.
 as 5 and in column 24 as 28.

STATEMENT C.—Table showing Maternity and Child Welfare Centres, Health Visitors and Trained Midwives in Rural and Urban Areas in Burma Province during 1934.

Districts.		Maternity and Child Welfare											
		Centres maintained by						Trained Visitors.		Trained Midwives.		Trained Dais.	
		Government.		Local and Municipal Bodies.		Other Agencies.							
		Rural.	Urban.	Rural.	Urban.	Rural.	Urban.	Rural.	Urban.	Rural.	Urban.	Rural.	Urban.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	
Akyab	1	...	...	1	4	...	...
Hill District of Arakan.	
Kyaukpyu	1	1	...	...
Sandoway	3	1	...	...
Rangoon	4	...	1	...	2	...	20	...	...
Pegu	1	...	...	4	5	...	...
Tharrawaddy	5	5	...	...
Hanthawaddy	5	3	...	...
Insein	2	...	...	...	...	...	...	...	4	1	...	...
Prome	1	...	1	3	5	...	...
Bassein	1	...	1	...	5	...	...
Henzada	4	5	...	...
Myaungmya	3	3	...	...
Maubin	4	3	...	...
Pyapôn	2	2	...	...
Salween	
Thatôn	6	3	...	...
Amherst*	1	...	...	8	5	...	...
Tavoy	2	...	...
Mergui	1	2	...	...
Toungoo	3	...	...
Thayetmyo	1	...	...	1	3	...	...
Minbu	1	3	...	...
Magwe	1	...	1	...	5	...	...
Pakôkku	2	1	...	...
Chin Hills	
Mandalay	3	...	2	...	11	...	...
Kyauksè	1	...	...	4	2	...	...
Meiktila	1	...	...	3	2	...	...
Myingyan	1	2	...	...
Yamèthin	1	...	1	...	4	...	...
Bhamo	1	1	...	...
Myitkyina	1	...	...
Shwebo	3	3	...	...
Sagaing	10	3	...	...
Katha	3	...	...	...
Upper Chindwin	
Lower Chindwin	1	...	1	5	1	...	...
Northern Shan States	5	1	...	...
Southern Shan States	1	...	1	23	1	...	...
Total	2	...	...	4	...	16	...	10	116	128	...	...

* Employs one lady doctor as Supervisor of Clinic and Midwives.

ANNUAL STATEMENT NO. I.--Births registered in the

1 No.	2 Divisions and Districts.	3 Population according to Census of 1931.			4 Number of births registered.		
		Male.	Female.	Total.	Male.	Female.	Total.
ARAKAN DIVISION.							
1	Akyab	338,592	296,940	635,532	10,249	9,294	19,543
2	Kyaukpyu	107,729	112,563	220,292	3,247	3,059	6,306
3	Sandoway	64,206	65,039	129,245	2,218	2,102	4,320
PEGU DIVISION.							
4	Rangoon	271,063	129,352	400,415	5,030	4,759	9,789
5	Pegu	253,960	235,851	489,811	5,660	5,360	11,020
6	Tharrawaddy	252,548	255,771	508,319	8,021	7,456	15,477
7	Hanthawaddy	218,919	189,912	408,831	5,736	5,516	11,252
8	Insein	175,519	155,933	331,452	4,336	4,568	8,904
9	Prome	203,171	207,480	410,651	7,042	6,728	13,770
IRRAWADDY DIVISION.							
10	Bassein	292,029	279,014	571,043	6,311	5,942	12,253
11	Henzada	303,750	309,530	613,280	7,623	6,997	14,620
12	Myaungmya	235,655	209,129	444,784	7,571	7,041	14,611
13	Maubin	188,770	182,739	371,509	6,512	6,298	12,810
14	Pyapôn	179,554	154,604	334,158	4,954	5,209	10,163
TENASSERIM DIVISION.							
15	Thatôn	274,942	257,686	532,628	5,825	5,637	11,462
16	Amherst	270,677	245,556	516,233	9,222	8,825	18,047
17	Tavoy	92,637	87,327	179,964	3,046	2,907	5,953
18	Mergui	85,263	76,724	161,987	2,209	2,201	4,410
19	Toungoo	220,010	208,818	428,828	6,146	5,759	11,905
MAGWE DIVISION.							
20	Thayetmyo	135,565	138,612	274,177	2,494	2,451	4,945
21	Minbu	136,662	141,214	277,876	4,518	4,309	8,827
22	Magwe	250,783	248,790	499,573	6,662	6,458	13,120
23	Pakôkku	241,137	258,044	499,181	9,391	9,368	18,759
MANDALAY DIVISION.							
24	Mandalay	191,741	179,895	371,636	7,894	7,052	14,946
25	Kyauksè	74,880	76,440	151,320	2,611	2,566	5,177
26	Meiktila	147,171	162,828	309,999	5,128	5,023	10,151
27	Myingyan	228,784	243,773	472,557	5,961	6,153	12,114
28	Yamêthin	194,318	196,502	390,820	7,267	7,150	14,417
SAGAING DIVISION.							
29	Shwebo	214,170	232,620	446,790	9,006	8,706	17,712
30	Sagaing	159,881	176,084	335,965	6,807	6,601	13,408
31	Lower Chindwin	178,543	204,891	383,434	7,806	7,730	15,536
	Total	6,182,629	5,919,661	12,102,290	186,503	179,225	365,728

Districts of Burma during the year 1934. (Paragraphs 6 and 9).

5			6	7	8	9			1
Ratio of births per 1,000 of population.			Number of males born to every hundred females.	Excess of births over deaths per 1,000 of population.	Excess of deaths over births per 1,000 of population.	Mean ratio of births per 1,000 during previous five years.			No.
Male.	Female.	Total.				Male.	Female.	Total.	
16.13	14.62	30.75	110	11	...	13.45	12.30	25.75	1
14.74	13.89	28.63	106	13	...	14.87	14.33	29.20	2
17.16	16.26	33.42	106	12	...	18.71	17.37	36.08	3
12.56	11.89	24.45	106	1	...	11.68	11.12	22.79	4
11.56	10.94	22.50	106	7	...	12.14	11.28	23.41	5
15.78	14.67	30.45	108	12	...	12.70	11.91	24.61	6
14.03	13.49	27.52	104	10	...	12.08	11.55	23.63	7
13.08	13.78	26.86	95	8	...	12.45	11.67	24.12	8
17.15	16.38	33.53	105	9	...	17.49	15.97	33.45	9
11.05	10.41	21.46	106	7	...	9.64	9.29	18.93	10
12.43	11.41	23.84	109	9	...	12.80	12.14	24.94	11
17.02	15.83	32.85	108	10	...	14.11	13.52	27.63	12
17.53	16.95	34.48	103	14	...	12.54	12.07	24.61	13
14.83	15.59	30.41	95	6	...	13.10	12.60	25.70	14
10.94	10.58	21.52	103	8	...	8.97	8.48	17.45	15
17.86	17.09	34.96	104	18	...	17.70	16.81	34.51	16
16.93	16.15	33.08	105	13	...	20.68	19.80	40.48	17
13.64	13.59	27.22	100	8	...	19.11	18.23	37.34	18
14.33	13.43	27.76	109	9	...	9.94	9.31	19.25	19
9.10	8.94	18.04	102	6	...	11.39	10.90	22.29	20
16.26	15.51	31.77	105	3	...	15.72	15.01	30.73	21
13.34	12.93	26.26	103	9	...	10.95	10.61	21.57	22
18.81	18.77	37.58	100	12	...	17.52	17.40	34.92	23
21.24	18.98	40.22	112	7	...	20.31	18.57	38.88	24
17.25	16.96	34.21	102	10	...	17.08	16.72	33.80	25
16.54	16.20	32.75	102	11	...	17.34	16.88	34.22	26
12.61	13.02	25.64	97	9	...	12.01	12.02	24.03	27
18.59	18.29	36.89	102	15	...	17.16	16.67	33.84	28
20.16	19.49	39.64	103	9	...	19.13	18.80	37.93	29
20.26	19.65	39.91	103	11	...	17.63	17.36	34.99	30
20.36	20.16	40.52	101	11	...	18.87	18.48	37.35	31
15.41	14.81	30.22	104	10	...	14.26	13.63	27.89	

ANNUAL STATEMENT NO. II.—*Statement of Births and Deaths registered in the Districts*

I No.	2 Divisions and Districts	3 Area in square miles.	4 Average population per square mile.	5 Population (Census 1931).			6 Births.		7 Number of deaths registered.		
				Male.	Female.	Total.	Total number.	Birth-rate per 1,000 of population.	Male.	Female.	Total.
ARAKAN DIVISION.											
1	Akyab ...	4,505	141·07	338,592	296,940	635,532	19,543	30·75	6,483	5,824	12,307
2	Kyaukpyu ...	4,767	46·21	107,729	112,563	220,292	6,306	28·63	1,647	1,724	3,371
3	Sandoway ...	4,157	31·09	64,206	65,039	129,245	4,320	33·42	1,430	1,339	2,769
PEGU DIVISION.											
4	Rangoon ...	77	5200·19	271,063	129,352	400,415	9,789	24·45	5,669	3,806	9,475
5	Pegu ...	4,124	118·77	253,960	235,851	489,811	11,020	22·50	4,383	3,414	7,797
6	Tharrawaddy ...	2,815	180·58	252,548	255,771	508,319	15,477	30·45	5,004	4,517	9,521
7	Hanthawaddy ...	1,931	211·72	218,919	189,912	408,831	11,252	27·52	3,848	3,302	7,150
8	Insein ...	1,914	173·17	175,519	155,933	331,452	8,904	26·86	3,338	2,891	6,229
9	Prome ...	2,938	139·77	203,171	207,480	410,651	13,770	33·53	5,073	4,884	9,957
IRRAWADDY DIVISION.											
10	Bassein ...	4,145	137·77	292,029	279,014	571,043	12,253	21·46	4,343	3,761	8,104
11	Henzada ...	2,782	220·45	303,750	309,530	613,280	14,620	23·84	4,729	4,672	9,401
12	Myaungmya ...	2,815	158·00	235,655	209,129	444,784	14,612	32·85	5,572	4,679	10,251
13	Maubin ...	1,642	226·25	188,770	182,739	371,509	12,810	34·48	3,996	3,525	7,521
14	Pyapôn ...	2,076	160·96	179,554	154,604	334,158	10,163	30·41	4,310	3,875	8,185
TENASSERIM DIVISION.											
15	Thatôn ...	4,870	109·37	274,942	257,686	532,628	11,462	21·52	3,818	3,443	7,261
16	Amherst ...	7,410	69·67	270,677	245,556	516,233	18,047	34·96	4,841	4,045	8,886
17	Tavoy ...	5,390	33·39	92,637	87,327	179,964	5,953	33·08	1,915	1,735	3,650
18	Mergui ...	10,906	14·85	85,263	76,724	161,987	4,410	27·22	1,628	1,488	3,116
19	Toungoo ...	6,456	66·42	220,010	208,818	428,828	11,905	27·76	4,324	3,680	8,004
MAGWE DIVISION.											
20	Thayetnyo ...	4,642	59·06	135,565	138,612	274,177	4,945	18·04	1,592	1,585	3,177
21	Minbu ...	3,594	77·32	136,662	141,214	277,876	8,827	31·77	3,960	3,905	7,865
22	Magwe ...	3,724	134·15	250,783	248,790	499,573	13,120	26·26	4,544	4,265	8,809
23	Pakòkku ...	5,356	93·20	241,137	258,044	499,181	18,759	37·58	6,430	6,474	12,904
MANDALAY DIVISION.											
24	Mandalay ...	2,115	175·71	191,741	179,895	371,636	14,946	40·22	6,474	5,837	12,311
25	Kyauksè ...	1,245	121·54	74,880	76,440	151,320	5,177	34·21	1,937	1,800	3,737
26	Meiktila ...	2,238	138·52	147,171	162,828	309,999	10,151	32·75	3,469	3,246	6,715
27	Myingyan ...	2,710	174·38	228,784	243,773	472,557	12,114	25·64	4,031	4,036	8,067
28	Yamèthin ...	4,196	93·14	194,318	196,502	390,820	14,417	36·89	4,455	4,138	8,593
SAGAING DIVISION.											
29	Shwebo ...	5,749	77·72	214,170	232,620	446,790	17,712	39·64	7,016	6,617	13,633
30	Sagaing ...	1,878	178·90	159,881	176,084	335,965	13,408	39·91	4,899	4,691	9,590
31	Lower Chindwin ...	3,681	104·17	178,543	204,891	383,434	15,536	40·52	5,567	5,624	11,191
	Total ...	116,848	103·57	6,182,629	5,919,661	12,102,290	365,728	30·22	130,725	118,822	249,547

of Burma during the year 1934. (Paragraphs 6, 9, 17, 18, 20, 22, 24, 26 and 27).

8 Number of deaths of males to every hundred deaths of females.	9 Deaths per 1,000 of population from											10 Mean ratio of deaths per 1,000 during previous five years.			No.
	Cholera.	Small-pox.	Plague.	Fever.	Dysentery and Diarrhoea.	Respiratory diseases.	Injuries.	All other causes.	All causes.			Male.	Female.	Total.	
									Male.	Female.	Total.				
111	0.04	...	...	12.45	0.37	1.33	0.28	4.90	19.15	19.61	19.36	17.09	17.63	17.34	1
96	...	0.00	...	6.75	0.48	0.13	0.12	7.82	15.29	15.32	15.30	18.49	17.27	17.86	2
107	...	0.19	...	11.12	0.32	0.27	0.34	9.18	22.27	20.59	21.42	21.64	19.81	20.72	3
149	0.01	0.19	0.07	0.54	1.27	7.59	0.57	13.42	20.91	29.42	23.66	23.04	31.45	25.71	4
128	0.00	0.01	0.11	4.39	0.15	0.48	0.45	10.33	17.26	14.48	15.92	17.06	15.39	16.26	5
111	...	0.04	0.20	8.24	0.36	0.55	0.48	8.85	19.81	17.66	18.73	17.31	14.78	16.04	6
117	...	0.04	0.07	4.36	0.29	0.55	0.34	11.85	17.58	17.39	17.49	14.64	14.35	14.51	7
115	...	0.09	0.02	5.55	0.22	0.50	0.72	11.69	19.02	18.54	18.79	17.49	17.02	17.27	8
104	0.00	0.07	0.08	12.15	0.44	0.77	0.34	10.40	24.97	23.54	24.25	23.71	20.92	22.30	9
115	0.11	0.18	0.15	5.68	0.55	0.77	0.18	6.57	14.87	13.48	14.19	12.80	11.76	12.30	10
101	...	0.03	0.12	6.22	0.33	0.53	0.25	7.84	15.57	15.09	15.33	15.46	14.24	14.85	11
119	0.74	0.04	0.05	6.80	0.63	0.62	0.34	13.83	23.64	22.37	23.05	17.61	17.08	17.36	12
113	0.05	0.09	0.03	6.45	0.25	0.45	0.49	12.43	21.17	19.29	20.24	15.62	14.75	15.19	13
111	0.77	0.04	...	6.71	1.09	1.01	0.91	13.96	24.00	25.06	24.49	18.70	18.66	18.68	14
111	0.03	0.00	0.17	7.99	0.19	0.48	0.20	4.57	13.89	13.36	13.63	10.21	9.89	10.06	15
120	0.01	...	0.00	4.06	0.54	1.32	0.38	10.91	17.88	16.47	17.21	15.81	15.44	15.63	16
110	...	0.02	...	12.95	0.25	0.49	0.43	6.14	20.67	19.87	20.28	19.44	19.49	19.46	17
109	0.60	0.02	0.01	10.72	0.74	0.44	0.54	6.17	19.09	19.39	19.24	19.04	18.29	18.69	18
118	0.00	0.02	0.09	7.92	0.42	0.39	0.42	9.41	19.65	17.62	18.66	14.40	13.10	13.77	19
100	...	0.03	0.05	5.06	0.16	0.30	0.21	5.78	11.74	11.43	11.59	16.10	15.27	15.68	20
101	...	0.23	0.06	14.65	0.36	0.39	0.54	12.07	28.98	27.65	28.30	28.17	27.43	27.80	21
107	...	0.13	0.33	7.56	0.37	0.68	0.47	8.08	18.12	17.14	17.63	15.23	14.63	14.93	22
99	...	0.32	0.19	11.19	0.58	0.41	0.48	12.67	26.67	25.09	25.85	25.75	24.90	25.31	23
111	...	1.54	2.57	7.88	0.64	3.32	0.33	16.84	33.76	32.45	33.13	33.60	32.12	32.88	24
108	...	0.25	0.08	9.34	0.30	0.65	0.27	13.81	25.87	23.55	24.70	32.83	31.59	32.20	25
107	0.00	0.00	0.39	5.40	0.22	0.21	0.52	14.93	23.57	19.94	21.66	23.64	21.14	22.33	26
100	...	0.06	0.40	3.69	0.23	0.95	0.39	11.36	17.62	16.56	17.07	16.85	15.78	16.30	27
108	...	0.02	0.07	7.46	0.10	0.72	0.32	13.30	22.93	21.06	21.99	22.14	20.41	21.27	28
106	...	0.07	0.04	15.62	0.28	0.17	0.58	13.75	32.76	28.45	30.51	31.82	29.02	30.36	29
104	...	0.52	0.39	9.04	0.18	0.48	0.60	17.34	30.64	26.64	28.54	26.11	23.18	24.57	30
99	0.00	0.12	0.00	10.70	0.64	5.01	0.47	12.25	31.18	27.45	29.19	30.14	27.27	28.60	31
110	0.07	0.13	0.19	7.78	0.42	1.07	0.41	10.55	21.14	20.07	20.62	19.56	18.73	19.15	

SUPPLEMENTARY ANNUAL STATEMENT II (a)—PROVINCIAL—*Showing (I—XII) for the*

1 Areas.	2 Area in square miles.	3 Average population per square mile.	4 Population according to Census of 1931.		
			Male.	Female.	Total.
Pyinwa Circle of Akyab District	671	3·05	1,051	997	2,048
Arakan Hill Tracts ...	1,901	11·27	11,031	10,387	21,418
* Salween District ...	2,582	20·60	27,990	25,196	53,186
Papun Town ...	...	...	1,236	645	1,881
Chin Hills District ...	10,377	16·50	83,453	87,784	171,237
* Bhamo District ...	4,146	29·23	59,984	61,209	121,193
Bhamo Town ...	...	...	4,846	3,165	8,011
* Myitkyina District ...	12,172	14·09	90,916	80,608	171,524
Myitkyina Town ...	...	...	4,637	2,691	7,328
* Katha District ...	7,593	33·47	126,863	127,307	254,170
Katha Town ...	...	...	2,364	1,869	4,233
* Upper Chindwin District ...	12,960	15·03	99,183	95,659	194,842
Mawlaik Town ...	...	...	1,370	908	2,278
* Northern Shan States ...	21,400	29·72	331,136	304,971	636,107
Lashio Town ...	...	...	2,782	1,856	4,638
* Southern Shan States ...	40,935	22·69	471,234	457,757	928,991
Taunggyi Town ...	...	...	4,671	3,981	8,652
Kalaw Town ...	...	...	2,025	1,596	3,621
Total ...	114,737	22·27	1,302,841	1,251,875	2,554,716

* Includes

Births and Deaths in Areas not included in the main statements year 1934. (Paragraphs 4 and 8).

5			6	7			8	Remarks.
Number of births registered.			Birth-rate per 1,000 of population.	Number of deaths registered.			Death-rate per 1,000 of population.	
Male.	Female.	Total.		Male.	Female.	Total.		
5	4	9	4·39	14	13	27	13·18	
314	298	612	28·57	312	279	591	27·59	
524	499	1,023	19·23	516	439	955	17·96	
31	18	49	26·05	33	22	55	29·24	
2,592	2,532	5,124	29·92	2,201	2,127	4,328	25·27	
1,673	1,648	3,321	27·40	1,612	1,395	3,007	24·81	
122	143	265	33·08	152	93	245	30·58	
2,056	1,983	4,039	23·55	1,983	1,612	3,595	20·96	
127	149	276	37·66	199	73	272	37·12	
3,951	3,973	7,924	31·18	3,224	2,935	6,159	24·23	
76	79	155	36·62	127	109	236	55·75	
4,294	4,222	8,516	43·71	3,647	3,389	7,036	36·11	
50	42	92	40·39	40	31	71	31·17	
6,818	6,181	12,999	20·44	5,830	5,079	10,909	17·15	
91	62	153	32·99	129	70	199	42·91	
4,903	4,881	9,784	10·53	4,760	4,632	9,392	10·11	
187	163	350	40·45	141	101	242	27·97	
53	33	86	23·75	44	32	76	20·99	
27,130	26,221	53,351	20·88	24,099	21,900	45,999	18·01	

Town.

ANNUAL STATEMENT NO. IIIA.—Deaths registered in the Rural Districts

1	2					
No.	Divisions and Districts.	January.	February.	March.	April.	May.
ARAKAN DIVISION.						
1	Akyab	1,104	755	613	781	778
2	Kyaukpyu	314	221	182	212	186
3	Sandoway	249	196	173	184	181
PEGU DIVISION.						
4	Pegu	469	347	357	353	392
5	Tharrawaddy	467	499	575	502	468
6	Hanthawaddy	450	319	335	508	488
7	Insein	313	380	323	382	285
8	Prome	607	436	586	378	575
IRRAWADDY DIVISION.						
9	Bassein	351	321	325	473	370
10	Henzada	557	471	521	382	553
11	Myaungmya	564	420	452	600	470
12	Maubin	494	418	449	568	394
13	Pyapôn	552	593	602	541	578
TENASSERIM DIVISION.						
14	Thatôn	603	289	335	549	422
15	Amherst	531	438	410	443	377
16	Tavoy	275	147	161	147	119
17	Mergui	127	80	173	154	169
18	Toungoo	338	485	462	480	518
MAGWE DIVISION.						
19	Thayetmyo	112	100	157	129	175
20	Minbu	810	517	506	550	435
21	Magwe	616	469	486	638	596
22	Pakôkku	937	825	864	924	832
MANDALAY DIVISION.						
23	Mandalay	565	382	330	309	320
24	Kyauksè	284	284	265	365	243
25	Meiktila	555	367	412	695	512
26	Myingyan	702	365	316	810	500
27	Yamèthin	661	378	463	441	525
SAGAING DIVISION.						
28	Shwebo	1,200	909	1,192	849	769
29	Sagaing	830	694	731	690	672
30	Lower Chindwin	910	809	922	782	723
Total for Rural Districts		16,547	12,914	13,678	14,819	13,625
Ratio of deaths per 1,000		18·23	15·75	15·07	16·87	15·01

of Burma during each month of the year 1934.

3							4	1
June.	July.	August.	September.	October.	November,	December,	Total deaths registered during the year.	No.
783	1,211	1,344	1,021	1,207	977	928	11,502	1
177	471	426	395	329	212	183	3,308	2
164	285	286	238	275	217	229	2,677	3
420	701	649	832	502	651	890	6,663	4
618	803	905	793	747	782	1,145	8,304	5
511	676	577	483	736	649	764	6,496	6
325	566	494	415	447	434	609	4,973	7
655	793	1,015	991	655	609	1,003	8,303	8
479	595	576	686	794	715	600	6,285	9
643	722	907	834	717	850	957	8,114	10
520	994	739	689	1,413	1,286	1,254	9,401	11
409	679	625	609	833	709	640	6,827	12
622	568	585	664	653	685	837	7,480	13
347	896	657	435	954	526	443	6,456	14
636	627	593	1,039	529	445	925	6,993	15
335	198	243	183	209	294	485	2,796	16
246	248	229	176	316	256	206	2,380	17
390	726	649	693	637	924	692	6,994	18
206	160	393	325	235	296	241	2,529	19
350	587	705	617	648	809	815	7,349	20
457	710	773	556	734	731	609	7,375	21
748	1,182	1,267	1,080	1,205	1,081	937	11,882	22
238	401	424	327	441	505	600	4,842	23
234	275	279	337	292	371	261	3,490	24
473	635	673	384	636	474	578	6,394	25
399	862	613	422	717	582	466	6,754	26
478	859	1,013	633	854	805	576	7,686	27
683	1,016	1,231	1,078	1,235	1,529	1,469	13,160	28
561	689	750	764	837	895	782	8,895	29
704	997	1,092	928	979	1,029	942	10,817	30
13,811	20,132	20,712	18,627	20,866	20,328	21,066	207,125	
15·72	22·17	22·81	21·20	22·98	23·14	23·20	19·38	

ANNUAL STATEMENT NO. III B.—Deaths registered in the Towns

1	2					
No.	Divisions and Towns.	January.	February.	March.	April.	May.
ARAKAN DIVISION.						
1	Akyab	63	80	72	60	57
2	Minbya	3	2	3	...	6
3	Kyaukpyu	15	4	4	8	5
4	Sandoway	12	6	7	10	4
PEGU DIVISION.						
5	Rangoon	759	710	747	703	753
6	Rangoon Cantonment ... ..	...	1	...	4	...
7	Pegu	60	60	72	68	56
8	Nyaunglebin	13	21	17	15	24
9	Tharrawaddy	23	16	11	16	13
10	Thônzè	22	19	21	14	13
11	Zigôn	9	13	25	20	14
12	Letpadaun	21	12	18	17	19
13	Gyobingauk	21	13	24	16	14
14	Minhla	3	7	9	9	4
15	Nattalin	16	26	15	4	2
16	Syriam	26	28	39	25	35
17	Thôngwa	17	27	40	26	23
18	Insein	35	24	35	38	38
19	Mingaladon Cantonment	2	1	...	3	...
20	Thamaing	9	15	10	19	9
21	Kamayut	21	26	15	11	11
22	Thingangyun	14	13	13	13	12
23	Kanbe	13	8	20	6	11
24	Prome	84	73	93	65	67
25	Shwedaung	19	22	34	16	18
26	Paungdè	33	18	26	28	33
IRRAWADDY DIVISION.						
27	Bassein	145	138	126	90	99
28	Ngathainggyaung	15	26	23	11	12
29	Kyônpyaw	9	6	9	7	13
30	Henzada	46	40	46	52	63
31	Myanaung	16	17	24	18	24
32	Kyangin	13	15	15	15	15
33	Myaungmya	13	21	27	18	24
34	Wakèma	18	17	12	20	20
35	Mawlamyainggyun	24	15	16	21	21
36	Maubin	23	15	26	16	17
37	Yandoon	15	27	22	19	17
38	Danubyu	11	15	10	15	12
39	Pyapôn	30	31	28	22	16
40	Kyaiklat	29	23	24	27	19
TENASSERIM DIVISION.						
41	Thatôn	36	45	61	56	58
42	Kyaikto	16	33	18	18	12
43	Moulmein	130	118	99	106	110
44	Kawkareik	16	17	14	20	19
45	Tavoy	64	47	62	51	80

of Burma during each month of the year 1934.

3							4	1
June.	July.	August.	September.	October.	November.	December.	Total deaths registered during the year.	No.
60	57	64	46	56	67	62	744	1
7	8	9	6	8	6	3	61	2
2	7	5	5	3	3	2	63	3
8	5	10	7	5	3	15	92	4
792	865	892	785	780	791	891	9,468	5
1	...	...	...	1	...	...	7	6
65	91	74	81	78	70	73	848	7
23	30	18	24	31	33	37	286	8
7	11	6	7	15	16	17	158	9
12	19	21	20	23	17	30	231	10
6	11	18	10	13	9	11	159	11
15	14	13	23	14	21	28	215	12
17	25	21	13	22	27	39	252	13
7	5	8	6	4	8	9	79	14
7	13	11	6	7	9	7	123	15
31	42	30	25	24	24	36	365	16
22	25	28	18	26	18	19	289	17
41	35	46	28	43	37	40	440	18
...	10	3	3	4	5	4	35	19
25	21	23	20	17	20	24	212	20
19	15	21	20	14	29	21	223	21
13	18	25	13	17	12	15	178	22
16	18	12	12	9	20	23	168	23
58	85	108	117	95	89	92	1,026	24
9	20	20	22	22	23	17	242	25
27	34	43	41	33	39	31	386	26
105	133	138	108	120	133	152	1,487	27
10	25	12	16	15	14	11	190	28
12	14	17	17	17	7	14	142	29
65	79	100	77	65	69	57	759	30
17	40	57	25	21	23	25	307	31
14	25	28	31	18	16	16	221	32
23	23	12	22	27	26	27	263	33
23	25	14	17	22	40	38	266	34
45	29	35	11	31	34	39	321	35
14	21	16	22	29	18	30	247	36
18	20	19	18	26	24	25	250	37
13	16	19	21	19	25	21	197	38
20	29	37	28	24	22	46	333	39
26	26	20	30	28	54	66	372	40
54	53	46	55	43	38	42	587	41
13	14	19	8	16	21	30	218	42
136	145	134	147	182	177	168	1,652	43
20	26	19	26	30	18	16	241	44
78	68	90	79	60	84	91	854	

ANNUAL STATEMENT NO. IIIB.—Deaths registered in the Towns of

1	2					
No.	Divisions and Towns.	January.	February.	March.	April.	May.
TENASSERIM DIVISION— <i>concl.</i>						
46	Mergui	60	54	64	52	70
47	Toungoo	45	50	49	37	58
48	Shwegyin	11	15	20	10	13
49	Pyu	17	25	18	16	25
MAGWE DIVISION.						
50	Thayetmyo	34	10	24	26	20
51	Allanmyo	29	20	32	22	20
52	Minbu	15	8	11	18	15
53	Salin	25	18	14	18	25
54	Magwe	25	29	33	19	23
55	Taungdwingyi	27	31	29	32	21
56	Yenangyaung	42	42	34	27	34
57	Chauk	29	24	27	14	38
58	Pakôkku	147	85	81	68	116
MANDALAY DIVISION.						
59	Mandalay	664	763	873	650	573
60	Mandalay Cantonment	27	23	27	40	38
61	Maymyo	26	28	36	30	36
62	Maymyo Cantonment	2	3	1	6	2
63	Myitnge	6	6	13	7	12
64	Kyaukse	15	19	19	23	18
65	Meiktila	21	27	22	29	15
66	Myingyan	114	101	90	64	96
67	Nyaung-u	48	35	17	24	17
68	Yamèthin	18	11	9	15	9
69	Pyinmana	47	40	45	37	29
70	Pyawbwe	9	7	17	11	14
SAGAING DIVISION.						
71	Shwebo	21	23	35	25	33
72	Ye-u	8	7	10	8	8
73	Sagaing	35	40	60	38	41
74	Myinmu	32	19	18	12	19
75	Mônywa	24	31	25	30	27
Total for Towns ...		3,605	3,505	3,785	3,224	3,357
Ratio per mille for Towns ...		30·05	32·34	31·55	27·77	27·98
Total for the Province ...		20,152	16,419	17,463	18,043	16,982
Ratio per mille* for the Province		19·61	17·69	16·99	18·14	16·52
TOWNS FOR WHICH CORRESPONDING RURAL FIGURES ARE NOT GIVEN IN VIA.						
...	Bhamo	15	4	17	21	14
...	Myitkyina	23	15	23	28	16
...	Mawlaik	3	6	3	5	3
...	Lashio	17	10	18	17	18
...	Taunggyi	19	13	17	19	20
...	Kalaw	9	5	4	2	5

* The ratios should be calculated with

Burma during each month of the year 1934—concl'd.

							4	1
June.	July.	August.	September.	October.	November.	December.	Total deaths registered during the year.	No.
55	65	49	53	75	64	75	736	46
48	64	52	59	51	42	39	594	47
12	13	25	14	13	12	18	176	48
22	25	21	19	18	15	19	240	49
25	32	38	33	36	35	33	346	50
25	26	28	23	22	35	20	302	51
12	15	19	28	33	33	29	236	52
17	21	20	20	20	33	49	280	53
16	28	21	35	30	17	29	305	54
24	43	47	32	31	55	61	433	55
27	32	29	33	39	36	44	419	56
21	20	17	27	26	25	9	277	57
83	75	97	71	57	73	69	1,022	58
440	406	410	396	436	434	468	6,513	59
31	28	29	25	26	32	35	361	60
33	46	28	39	54	45	36	437	61
4	6	8	8	4	6	7	57	62
5	7	6	13	9	6	11	101	63
32	15	10	20	17	27	32	247	64
16	23	22	37	49	33	27	321	65
74	79	78	79	92	88	94	1,049	66
11	22	18	24	12	17	19	264	67
16	32	28	18	17	24	26	223	68
28	52	48	46	30	49	48	499	69
10	13	27	17	25	21	14	185	70
31	20	30	25	39	33	45	360	71
6	8	14	11	12	11	10	113	72
33	41	33	45	48	36	48	498	73
12	12	18	14	13	19	9	197	74
26	32	41	34	40	35	29	374	75
3,191	3,596	3,672	3,414	3,531	3,630	3,912	42,422	
27·48	29·97	30·61	29·40	29·43	31·27	32·61	30·03	
17,002	23,728	24,384	22,041	24,397	23,958	24,978	249,547	
17·09	23·08	23·72	22·16	23·74	24·09	24·30	20·62	
17	20	23	34	31	26	23	245	
23	19	20	41	21	18	25	272	
3	7	12	5	7	6	11	71	
12	16	16	17	20	21	17	199	
23	23	22	20	24	18	24	242	
5	5	6	6	15	14	10	86	

reference to the number of days in each month.

ANNUAL STATEMENT NO. IV.—Deaths registered according to Ages

1 No.	2 Divisions and Districts.	3		4		5		6		7	
		Under 1 year.		1 year and under 5.		5 and under 10.		10 and under 15.		15 and under 20.	
		Males.	Females	Males.	Females	Males.	Females	Males.	Females	Males.	Females.
ARAKAN DIVISION.											
1	Akyab ...	1,903	1,580	987	1,029	376	366	209	128	202	273
2	Kyaukpyu ...	641	569	185	180	59	66	33	41	51	56
3	Sadoway ...	540	478	145	143	57	87	54	36	29	23
PEGU DIVISION.											
4	Rangoon ...	1,467	1,184	397	421	93	105	71	56	130	129
5	Pegu ...	1,578	1,217	319	316	105	116	104	84	180	100
6	Tharrawaddy ...	1,789	1,464	551	582	189	199	121	123	186	172
7	Hanthawaddy ...	1,132	957	315	309	116	130	88	81	120	118
8	Insein ...	883	789	285	290	156	143	149	90	179	161
9	Prome ...	1,780	1,540	544	563	225	241	138	144	192	192
IRRAWADDY DIVISION.											
10	Bassein ...	1,304	1,099	471	484	201	186	167	144	205	174
11	Henzada ...	1,346	1,134	616	600	258	278	182	205	215	198
12	Myaungmya ...	1,678	1,373	620	670	248	243	135	117	181	182
13	Maubin ...	1,497	1,230	432	418	134	115	89	70	123	103
14	Pyapôn ...	837	673	277	268	138	126	87	82	209	180
TENASSERIM DIVISION.											
15	Thatôn ...	1,104	952	465	461	146	153	94	95	124	101
16	Amherst ...	1,538	1,231	476	451	155	171	119	97	163	172
17	Tavoy ...	412	376	253	221	90	119	54	47	73	57
18	Mergui ...	282	289	209	201	124	131	79	82	79	75
19	Toungoo ...	1,390	1,142	398	471	171	173	114	109	181	134
MAGWE DIVISION.											
20	Thayetmyo ...	570	507	207	228	58	84	48	41	63	53
21	Minbu ...	1,214	1,130	524	506	200	190	102	97	120	129
22	Magwe ...	1,576	1,348	547	536	159	166	136	115	159	152
23	Pakôkku ...	2,179	2,009	1,134	1,132	281	271	141	152	160	178
MANDALAY DIVISION.											
24	Mandalay ...	2,093	1,777	610	600	274	282	225	251	228	222
25	Kyauksè ...	552	495	194	183	95	86	86	73	83	84
26	Meiktila ...	1,427	1,184	387	391	125	115	81	69	103	103
27	Myingyan ...	1,395	1,268	433	498	211	248	82	88	135	149
28	Yamèthin ...	1,974	1,724	442	466	161	187	120	125	153	144
SAGAING DIVISION.											
29	Shwebo ...	3,058	2,604	731	720	253	188	146	112	213	193
30	Sagaing ...	1,833	1,653	649	649	172	143	120	107	156	156
31	Lower Chindwin ...	2,251	2,039	666	692	160	190	105	109	147	159
	Total, Deaths ...	43,223	37,015	14,469	14,679	5,190	5,298	3,479	3,170	4,542	4,322
	Total, Population	156,129	165,140	655,253	680,262	754,499	742,497	705,048	679,505	574,397	593,405
	Total Ratio per 1,000 living.	276·84	224·14	22·08	21·58	6·88	7·14	4·93	4·67	7·91	7·28

and Sexes in the Districts of Burma during the year 1934. (Paragraph 9).

8		9		10		11		12		13		1
20 and under 30.		30 and under 40.		40 and under 50.		50 and under 60.		60 and upwards.		Total (all ages)		No.
Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	
462	644	484	439	507	311	479	333	874	721	6,483	5,824	1
58	162	81	114	91	83	120	118	328	335	1,647	1,724	2
72	101	91	85	91	61	111	74	240	251	1,430	1,339	3
662	435	803	374	722	282	574	227	750	593	5,669	3,806	4
351	330	431	338	364	247	307	216	644	450	4,383	3,414	5
339	346	422	378	378	301	337	300	692	652	5,004	4,517	6
309	326	328	314	334	257	302	241	804	569	3,848	3,302	7
301	313	332	299	282	186	271	179	500	441	3,338	2,891	8
375	427	398	417	383	322	347	366	691	672	5,073	4,884	9
354	299	397	371	376	241	298	267	570	496	4,343	3,761	10
363	395	334	401	371	383	345	354	699	724	4,729	4,672	11
486	420	533	461	437	266	397	297	857	650	5,572	4,679	12
267	269	286	286	286	237	232	221	650	576	3,996	3,525	13
570	563	723	699	639	577	396	311	434	396	4,310	3,875	14
288	330	362	363	294	260	305	232	636	496	3,818	3,443	15
378	418	415	378	354	270	325	215	918	642	4,841	4,045	16
190	182	183	132	175	154	149	138	336	309	1,915	1,735	17
130	150	178	168	156	95	135	103	256	194	1,628	1,488	18
383	338	422	363	325	235	303	223	637	492	4,324	3,680	19
89	117	117	139	104	94	122	99	214	223	1,592	1,585	20
309	335	329	332	311	263	279	271	578	652	3,960	3,905	21
365	390	343	397	311	261	273	214	675	686	4,544	4,265	22
347	480	386	417	419	343	397	322	986	1,170	6,430	6,474	23
638	512	619	488	547	378	423	381	817	946	6,474	5,837	24
123	172	152	156	164	124	165	140	317	287	1,937	1,800	25
197	219	233	240	187	128	133	150	596	647	3,469	3,246	26
289	327	297	327	254	208	262	198	673	725	4,031	4,036	27
269	289	310	292	226	191	231	192	569	528	4,455	4,138	28
396	457	455	422	318	303	411	385	1,035	1,233	7,016	6,617	29
339	337	338	362	265	239	261	252	766	793	4,899	4,691	30
301	399	348	360	306	289	278	287	1,005	1,100	5,567	5,624	31
10,000	10,482	11,130	10,312	9,977	7,589	8,968	7,306	19,747	18,649	130,725	118,822	
1,138,501	1,089,344	904,240	760,641	593,857	528,782	387,136	372,161	313,569	307,924	6,182,629	5,919,661	
8.78	9.62	12.31	13.56	16.80	14.35	23.16	19.63	62.97	60.56	21.14	20.07	

and sexes under one year in the districts of Burma during the year 1934.

Over one month and not exceeding six months.			Over six months and not exceeding twelve months.			Total male, columns 5, 10 and 13.	Total female, columns 8, 11 and 14.	Total.	No.
Male.	Female.	Total.	Male.	Female.	Total.				
(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
1,125	967	2,092	450	338	788	1,903	1,580	3,483	1
418	368	786	125	139	264	641	569	1,210	2
384	337	721	64	68	132	540	478	1,018	3
756	604	1,360	243	208	451	1,467	1,184	2,651	4
1,082	836	1,918	203	174	377	1,578	1,217	2,795	5
1,182	1,008	2,190	294	238	532	1,789	1,464	3,253	6
717	586	1,303	131	154	285	1,132	957	2,089	7
539	486	1,025	134	134	268	883	789	1,672	8
1,235	1,040	2,275	271	271	542	1,780	1,540	3,320	9
763	605	1,368	237	203	440	1,304	1,099	2,403	10
738	605	1,343	289	271	560	1,346	1,134	2,480	11
1,087	870	1,957	229	234	463	1,678	1,373	3,051	12
842	707	1,549	214	208	422	1,497	1,230	2,727	13
524	406	930	125	129	254	837	673	1,510	14
711	614	1,325	187	167	354	1,104	952	2,056	15
749	625	1,374	424	328	752	1,538	1,231	2,769	16
268	226	494	64	78	142	412	376	788	17
130	138	268	49	59	108	282	289	571	18
966	732	1,698	208	222	430	1,390	1,142	2,532	19
375	324	699	102	103	205	570	507	1,077	20
750	685	1,435	257	260	517	1,214	1,130	2,344	21
854	743	1,597	277	257	534	1,576	1,348	2,924	22
983	887	1,870	465	486	951	2,179	2,009	4,188	23
1,069	885	1,954	385	378	763	2,093	1,777	3,870	24
230	214	444	121	109	230	552	495	1,047	25
846	739	1,585	331	254	585	1,427	1,184	2,611	26
698	634	1,332	356	334	690	1,395	1,268	2,663	27
1,256	1,123	2,379	323	289	612	1,974	1,724	3,698	28
1,827	1,569	3,396	553	498	1,051	3,058	2,604	5,662	29
1,013	862	1,875	367	361	728	1,833	1,653	3,486	30
1,289	1,158	2,447	407	381	788	2,251	2,039	4,290	31
25,406	21,583	46,989	7,885	7,333	15,218	43,223	37,015	80,238	
...	...	...	...	...	...	231,75	206,53	219,39	

ANNUAL STATEMENT NO. IV-A.—Deaths registered according to Ages and Sexes in

1 No.	2 Divisions and Towns.	3		4		5		6		7	
		Under 1 year.		1 year and under 5.		5 and under 10.		10 and under 15		15 and under 20.	
		Males.	Females	Males.	Females	Males.	Females	Males.	Females	Males.	Females
ARAKAN DIVISION.											
1	Akyab ...	106	89	23	19	11	2	6	4	16	15
PEGU DIVISION.											
2	Rangoon ...	1,465	1,182	397	420	93	105	71	56	130	128
3	Rangoon Cantonment	2	2	...	1	...	...	...	...	...	1
4	Pegu ...	122	93	27	35	11	14	13	8	19	12
5	Letpadan ...	38	31	10	8	3	2	...	1	3	4
6	Syriam ...	44	44	12	9	4	8	7	4	3	9
7	Insein ...	59	49	23	24	8	12	6	6	4	2
8	Prome ...	146	142	61	40	19	17	7	18	29	25
9	Paungdè ...	54	43	23	18	8	11	1	4	6	4
IRRAWADDY DIVISION.											
10	Bassein ...	237	186	71	68	18	30	18	19	24	23
11	Henzada ...	120	83	48	56	20	11	3	3	10	6
12	Pyapôn ...	39	30	5	16	6	...	5	3	5	3
13	Kyaiklat ...	54	44	18	13	10	12	5	6	4	2
TENASSERIM DIVISION.											
14	Thatôn ...	74	69	32	23	14	16	7	10	13	13
15	Moulmein ...	207	164	76	70	16	21	15	11	23	25
16	Tavoy ...	89	101	34	39	12	12	7	5	28	23
17	Mergui ...	86	101	24	21	23	27	37	40	34	35
18	Toungoo ...	47	36	36	21	12	7	9	8	17	5
MAGWE DIVISION.											
19	Allanmyo ...	69	53	26	20	5	4	4	5	...	4
20	Yenangyaung ...	63	71	16	26	8	6	4	12	11	8
21	Chauk ...	56	52	15	12	5	8	3	3	5	6
22	Pakôkku ...	172	138	62	78	28	22	15	16	28	36
MANDALAY DIVISION.											
23	Mandalay ...	1,105	924	268	267	134	158	127	158	129	133
24	Mandalay Cantmt.	70	71	6	14	8	10	2	4	4	3
25	Maymyo ...	78	74	19	24	3	6	6	7	11	5
26	Maymyo Cantmt.	12	17	...	3	1	...	...	...	2	4
27	Myingyan ...	232	238	51	58	11	6	3	7	20	22
28	Pyinmana ...	94	82	17	19	6	10	3	10	6	11
SAGAING DIVISION.											
29	Shwebo ...	93	74	21	6	3	3	3	2	8	8
30	Sagaing ...	102	78	21	24	7	7	5	6	5	11
31	Mônnywa ...	88	68	19	17	3	3	4	1	8	5
Total of Towns, Burma.		5,223	4,429	1,461	1,469	510	550	396	437	605	591
Total, Population ...		10,332	10,564	40,261	40,785	51,779	48,179	54,045	46,734	72,223	46,696
Total, Ratio per 1,000 living.		505.52	419.25	36.29	36.02	9.85	11.42	7.33	9.35	8.38	12.66

the Towns of Burma having a population of 10,000 and above during the year 1934.
(Paragraph 9.)

8		9		10		11		12		13		1
20 and under 30		30 and under 40		40 and under 50.		50 and under 60		60 and upwards.		Total (all ages).		No.
Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females	Males.	Females.	Males.	Females.	
74	25	67	28	65	22	57	20	50	45	475	269	1
662	434	803	374	722	282	574	227	750	593	5,667	3,801	2
...	1	...	...	...	...	...	...	...	...	2	5	3
58	43	70	33	65	29	55	24	67	50	507	341	4
9	11	8	8	14	9	9	4	24	19	118	97	5
29	20	23	21	29	18	19	8	33	21	203	162	6
44	17	33	15	31	9	27	10	37	24	272	168	7
70	64	62	46	47	35	49	25	71	53	561	465	8
27	12	37	13	22	18	14	8	31	32	223	163	9
109	57	124	74	107	32	62	38	118	72	888	599	10
35	29	37	34	43	26	33	23	81	58	430	329	11
37	15	42	20	26	9	14	10	25	23	204	129	12
21	17	21	16	28	14	22	12	25	28	208	164	13
27	22	44	31	22	22	24	19	50	55	307	280	14
109	89	116	70	111	47	91	55	208	128	972	680	15
74	28	76	34	68	35	39	30	55	65	482	372	16
46	35	44	42	45	21	17	12	24	22	380	356	17
60	31	57	31	50	15	35	14	59	44	382	212	18
7	6	6	9	6	9	11	5	33	20	167	135	19
28	15	22	18	24	12	20	6	25	24	221	198	20
12	11	22	11	10	12	2	5	17	10	147	130	21
44	42	40	33	39	27	22	32	58	90	508	514	22
366	284	357	257	311	215	201	202	432	485	3,430	3,083	23
20	12	22	8	16	7	12	10	22	40	182	179	24
52	22	29	13	25	9	19	5	16	14	258	179	25
7	2	3	1	1	...	1	...	1	2	28	29	26
60	39	50	29	33	16	37	15	53	69	550	499	27
23	19	34	22	20	11	17	14	44	37	264	235	28
17	11	18	14	18	3	10	12	16	20	207	153	29
24	22	27	25	13	21	21	13	39	27	264	234	30
22	10	19	11	17	8	13	10	22	26	215	159	31
2,173	1,445	2,313	1,341	2,028	993	1,527	868	2,486	2,196	18,722	14,319	
179,693	89,590	136,649	63,527	73,440	41,275	34,964	26,482	21,177	21,581	674,563	435,413	
12'09	16'13	16'93	21'11	27'61	24'06	43'67	32'78	117'39	101'76	27'75	32'89	

Deaths by Ages and Sexes under one year in the Towns having a population of 10,000 the year 1934.

Over one month and not exceeding six months.			Over six months and not exceeding twelve months			Total male, columns 5, 10 and 13.	Total female, columns 8, 11 and 14.	Total.	No.
Male.	Female.	Total.	Male.	Female.	Total.				
(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(1)
46	53	99	14	14	28	106	89	195	1
754	603	1,357	243	208	451	1,465	1,182	2,647	2
2	1	3	...	...	...	2	2	4	3
73	55	128	17	10	27	122	93	215	4
22	16	38	10	8	18	38	31	69	5
24	24	48	6	8	14	44	44	88	6
34	28	62	9	11	20	59	49	108	7
73	57	130	28	33	61	146	142	288	8
43	26	69	5	9	14	54	43	97	9
136	101	237	32	22	54	237	186	423	10
73	48	121	17	12	29	120	83	203	11
18	18	36	7	8	15	39	30	69	12
26	24	50	8	12	20	54	44	98	13
30	22	52	10	20	30	74	69	143	14
116	104	220	28	18	46	207	164	371	15
48	46	94	20	34	54	89	101	190	16
36	31	67	10	19	29	86	101	187	17
28	16	44	9	8	17	47	36	83	18
38	33	71	19	5	24	69	53	122	19
32	34	66	12	19	31	63	71	134	20
37	25	62	9	12	21	56	52	108	21
94	65	159	29	38	67	172	138	310	22
579	482	1,061	202	192	394	1,105	924	2,029	23
38	36	74	5	8	13	70	71	141	24
33	32	65	10	14	24	78	74	152	25
6	7	13	2	4	6	12	17	29	26
146	147	293	29	33	62	232	238	470	27
56	43	99	10	11	21	94	82	176	28
60	46	106	15	14	29	93	74	167	29
66	47	113	11	12	23	102	78	180	30
46	36	82	10	8	18	88	68	156	31
2,813	2,306	5,119	836	824	1,660	5,223	4,429	9,652	
...	...	...	...	...	...	279.62	257.81	269.17	

ANNUAL STATEMENT NO. V.—Deaths registered according

1 No.	2 Divisions and Districts.	3 Population (Census 1931).					Total.
		Christians.	Mahome- dans.	Hindus.	Burmese or Buddhists.	Other classes.	
ARAKAN DIVISION.							
1	Akyab	398	242,381	16,685	337,661	38,407	635,532
2	Kyaukpyu	212	6,694	768	195,152	17,466	220,292
3	Sandoway	1,258	6,286	696	118,322	2,683	129,245
PEGU DIVISION.							
4	Rangoon	30,888	70,791	140,901	135,466	22,369	400,415
5	Pegu	11,387	11,021	41,057	419,365	6,981	489,811
6	Tharrawaddy	7,140	5,511	9,068	483,559	3,041	508,319
7	Hanthawaddy	6,450	13,535	52,247	331,684	4,915	408,831
8	Insein	20,409	10,249	31,283	262,677	6,834	331,452
9	Prome	1,486	4,958	7,871	389,593	6,743	410,651
IRRAWADDY DIVISION.							
10	Bassein	39,738	11,393	15,647	499,482	4,783	571,043
11	Henzada	15,525	5,826	7,279	581,987	2,663	613,280
12	Myaungmya	24,091	15,150	13,083	386,071	6,389	444,784
13	Maubin	14,252	6,266	8,537	339,971	2,483	371,509
14	Pyapôn	12,085	7,162	22,560	287,659	4,692	334,158
TENASSERIM DIVISION.							
15	Thatôn	5,663	16,047	22,612	483,981	4,325	532,628
16	Amherst	9,385	31,865	24,645	438,021	12,317	516,233
17	Tavoy	4,487	3,051	3,733	164,579	4,114	179,964
18	Mergui	9,461	14,551	7,700	123,865	6,410	161,987
19	Toungoo	42,294	9,661	23,775	340,955	12,143	428,828
MAGWE DIVISION.							
20	Thayetmyo	511	1,995	2,276	253,442	15,953	274,177
21	Minbu	152	1,446	2,016	269,194	5,068	277,876
22	Magwe	2,388	5,286	10,314	478,521	3,064	499,573
23	Pakôkku	328	1,166	1,358	492,318	4,011	499,181
MANDALAY DIVISION.							
26	Mandalay	9,684	24,456	28,386	304,476	4,634	371,636
27	Kyauksè	628	7,300	1,419	141,513	460	151,320
28	Meiktila	501	4,931	3,381	300,745	441	309,999
29	Myingyan	384	1,345	2,284	468,070	474	472,557
30	Yamèthin	2,514	15,343	7,323	360,353	5,287	390,820
SAGAING DIVISION.							
	Shwebo	2,504	9,112	3,463	430,672	1,039	446,790
	Sagaing	869	3,044	2,690	329,040	322	335,965
	Lower Chindwin	308	1,156	1,338	380,084	548	383,434
	Total, Burma	277,380	568,978	516,395	10,528,478	211,059	12,102,290

to classes in the Districts of Burma during the year 1934. (Paragraph 9.)

4						5						1
Number of deaths registered.						Ratio of deaths per 1,000 of population.						No.
Chris- tians.	Maho- medans.	Hindus.	Burmese or Buddhists	Other classes.	Total.	Chris- tians.	Maho- medans.	Hindus.	Burmese or Buddhists	Other classes.	Total.	
7	4,458	135	7,022	685	12,307	17.59	18.39	8.09	20.80	17.84	19.36	1
3	139	5	3,011	213	3,371	14.15	20.76	6.51	15.43	12.20	15.30	2
20	109	6	2,542	92	2,769	15.90	17.34	8.62	21.48	34.29	21.42	3
489	1,392	3,047	4,540	7	9,475	15.83	19.66	21.63	33.51	0.31	23.66	4
165	147	416	6,793	276	7,797	14.49	13.34	10.13	16.20	39.54	15.92	5
163	96	165	8,995	102	9,521	22.83	17.42	18.20	18.60	33.54	18.73	6
65	171	513	6,138	263	7,150	10.08	12.63	9.82	18.51	53.51	17.49	7
255	160	513	5,179	122	6,229	12.49	15.61	16.40	19.72	17.85	18.79	8
15	49	209	9,618	66	9,957	10.09	9.88	26.55	24.69	9.79	24.25	9
408	239	333	7,091	33	8,104	10.27	20.98	21.28	14.20	6.90	14.19	10
134	91	127	9,017	32	9,401	8.63	15.62	17.45	15.49	12.02	15.33	11
554	268	269	9,019	141	10,251	23.00	17.69	20.56	23.36	22.07	23.05	12
141	90	83	7,114	93	7,521	9.89	14.36	9.72	20.93	37.45	20.24	13
212	88	197	7,407	281	8,185	17.54	12.29	8.73	25.75	59.89	24.49	14
56	195	172	6,714	124	7,261	9.89	12.15	7.61	13.87	28.67	13.63	15
119	639	495	7,532	101	8,886	12.68	20.05	20.09	17.20	8.20	17.21	16
85	73	89	3,255	148	3,650	18.94	23.93	23.84	19.78	35.97	20.28	17
204	262	146	2,317	187	3,116	21.56	18.01	18.96	18.71	29.17	19.24	18
508	166	284	6,899	147	8,004	12.01	17.18	11.95	20.23	12.11	18.66	19
4	70	26	3,011	66	3,177	7.83	35.09	11.42	11.88	4.14	11.59	20
...	30	38	7,779	18	7,865	...	20.75	18.85	28.90	3.55	28.30	21
11	62	76	8,636	24	8,809	4.61	11.73	7.37	18.05	7.83	17.63	22
1	23	11	12,857	12	12,904	3.05	19.73	8.10	26.12	2.99	25.85	23
167	765	762	10,476	141	12,311	17.24	31.28	26.84	34.41	30.43	33.13	24
10	103	54	3,561	9	3,737	15.92	14.11	38.05	25.16	19.57	24.70	25
3	137	38	6,520	17	6,715	5.99	27.78	11.24	21.68	38.55	21.66	26
7	44	32	7,969	15	8,067	18.23	32.71	14.01	17.03	31.65	17.07	27
29	317	126	8,077	44	8,593	11.54	20.66	17.21	22.41	8.32	21.99	28
18	209	34	13,355	17	13,633	7.19	22.94	9.82	31.01	16.36	30.51	29
8	90	57	9,428	7	9,590	9.21	29.57	21.19	28.65	21.74	28.54	30
4	18	17	11,148	4	11,191	12.99	15.57	12.71	29.33	7.30	29.19	31
3,865	10,700	8,475	223,020	3,487	249,547	13.93	18.81	16.41	21.18	16.52	20.62	

SUPPLEMENTARY ANNUAL STATEMENT NO. V-A.—Deaths registered according

1.	2	3								
		Population (Census 1931).								
		Christians.		Mahomedans.		Hindus.		Burmese or Buddhists.		
No.	Divisions and Districts.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	
ARAKAN DIVISION.										
1	Akyab ...	255	143	132,976	109,405	15,044	1,641	170,099	167,562	
2	Kyaukpyu ...	104	108	3,736	2,958	716	52	94,038	101,114	
3	Sandoway ...	664	594	3,476	2,810	606	90	58,022	60,300	
PEGU DIVISION.										
4	Rangoon ...	17,094	13,794	56,147	14,644	112,735	28,166	69,936	65,530	
5	Pegu ...	5,702	5,685	7,912	3,109	27,279	13,778	208,666	210,699	
6	Tharrawaddy ...	4,512	2,628	3,897	1,614	6,995	2,073	235,211	248,348	
7	Hanthawaddy ...	3,696	2,754	9,570	3,965	35,741	16,506	166,559	165,125	
8	Insein ...	10,559	9,850	6,969	3,280	22,244	9,039	131,650	131,027	
9	Prome ...	832	654	3,345	1,613	5,955	1,916	189,346	200,247	
IRRAWADDY DIVISION.										
10	Bassein ...	19,647	20,091	8,228	3,165	13,366	2,281	247,527	251,955	
11	Henzada ...	7,654	7,871	3,764	2,062	5,889	1,390	284,713	297,274	
12	Myaungmya ...	12,302	11,789	12,071	3,079	11,534	1,549	195,197	190,874	
13	Maubin ...	6,905	7,347	4,683	1,583	7,334	1,203	168,194	171,777	
14	Pyapôn ...	6,346	5,739	6,182	980	16,987	5,573	146,589	141,070	
TENASSERIM DIVISION.										
15	Thatôn ...	2,840	2,823	10,386	5,661	14,853	7,759	244,310	239,671	
16	Amherst ...	4,648	4,737	18,912	12,953	17,758	6,887	222,552	215,469	
17	Tavoy ...	2,310	2,177	1,934	1,117	3,190	543	82,292	82,287	
18	Mergui ...	4,964	4,497	7,849	6,702	5,709	1,991	62,713	61,152	
19	Toungoo ...	21,371	20,923	6,473	3,188	15,328	8,447	170,327	170,628	
MAGWE DIVISION.										
20	Thayetmyo ...	287	224	1,256	739	1,727	549	124,297	129,145	
21	Minbu ...	85	67	1,021	425	1,707	309	131,149	138,045	
22	Magwe ...	1,581	807	4,153	1,133	8,928	1,386	234,162	244,359	
23	Pakôkku ...	220	108	900	266	1,161	197	236,756	255,562	
MANDALAY DIVISION.										
24	Mandalay ...	5,508	4,176	14,053	10,403	19,224	9,162	149,491	154,985	
25	Kyauksè ...	306	322	3,712	3,588	1,154	265	69,383	72,130	
26	Meiktila ...	274	227	2,609	2,322	2,509	872	141,447	159,298	
27	Myingyan ...	221	163	914	431	1,778	506	225,525	242,545	
28	Yamèthin ...	1,390	1,124	8,126	7,217	5,130	2,193	176,535	183,818	
SAGAING DIVISION.										
29	Shwebo ...	1,339	1,155	4,775	4,337	2,671	792	204,650	226,022	
30	Sagaing ...	408	461	1,704	1,340	1,888	802	155,655	173,385	
31	Lower Chindwin ...	187	121	833	323	994	344	176,154	203,930	
Total, Burma ...		144,211	133,169	352,566	216,412	388,134	128,261	5,173,145	5,355,333	

to Sex in the four main classes in the Districts of Burma during the year 1934.

4								5								1
Number of deaths registered.								Ratio of deaths per 1,000 of population.								No.
Christians.		Mahomedans.		Hindus.		Burmese or Buddhists.		Christians.		Mahomedans.		Hindus.		Burmese or Buddhists.		
Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	
4	3	2,364	2,094	109	26	3,636	3,386	15.69	20.98	17.78	19.14	7.25	15.84	21.38	20.21	1
3	...	66	73	5	...	1,465	1,546	28.85	...	17.67	24.68	6.98	...	15.58	15.29	2
11	9	52	57	4	2	1,310	1,232	16.57	15.15	14.96	20.28	6.60	22.22	22.58	20.43	3
277	212	903	489	1,994	1,053	2,489	2,051	16.20	15.37	16.08	33.39	17.69	37.39	35.59	31.30	4
86	79	93	54	293	123	3,733	3,060	15.08	13.90	11.75	17.37	10.74	8.93	17.89	14.52	5
76	87	54	42	110	55	4,702	4,293	16.84	33.11	13.86	26.02	15.73	26.53	19.99	17.29	6
39	26	98	73	334	179	3,203	2,935	10.55	9.44	10.24	18.41	9.35	10.84	19.23	17.77	7
136	119	90	70	324	189	2,710	2,469	12.88	12.08	12.91	21.34	14.57	20.91	20.58	18.84	8
9	6	30	19	143	66	4,848	4,770	10.82	9.17	8.97	11.78	24.01	24.45	25.60	23.82	9
219	189	154	85	241	92	3,707	3,384	11.15	9.41	18.72	26.86	18.03	40.33	14.98	13.43	10
64	70	47	44	86	41	4,508	4,509	8.36	8.89	12.49	21.34	14.60	29.50	15.83	15.17	11
287	267	177	91	222	47	4,796	4,223	23.33	22.65	14.66	29.56	19.25	30.34	24.57	22.12	12
82	59	53	37	57	26	3,740	3,374	11.88	8.03	11.32	23.37	7.77	21.61	22.24	19.64	13
119	93	74	14	133	64	3,800	3,607	18.75	16.20	11.97	14.29	7.83	11.48	25.92	25.57	14
28	28	118	77	121	51	3,474	3,240	9.86	9.92	11.36	13.60	8.15	6.57	14.22	13.52	15
73	46	384	255	349	146	3,970	3,562	15.71	9.71	20.30	19.69	19.65	21.20	17.84	16.53	16
44	41	45	28	68	21	1,646	1,609	19.05	18.83	23.27	25.07	21.32	38.67	20.00	19.55	17
111	93	143	119	67	79	1,202	1,115	22.36	20.68	18.22	17.76	11.74	39.68	19.17	18.23	18
267	241	105	61	198	86	3,658	3,241	12.49	11.52	16.22	19.13	12.92	10.18	21.48	18.99	19
3	1	36	34	19	7	1,498	1,513	10.45	4.46	28.66	46.01	11.00	12.75	12.05	11.72	20
...	...	16	14	29	9	3,902	3,877	...	...	15.67	32.94	16.99	29.13	29.75	28.09	21
11	...	37	25	50	26	4,430	4,206	6.96	...	8.91	22.07	5.60	18.76	18.92	17.21	22
...	1	20	3	10	1	6,389	6,468	...	9.26	22.22	11.28	8.61	5.08	26.99	25.31	23
87	80	396	369	461	301	5,431	5,045	15.80	19.16	28.18	35.47	23.98	32.85	36.33	32.55	24
5	5	58	45	30	24	1,838	1,723	16.34	15.53	15.63	12.54	26.00	90.57	26.49	23.89	25
2	1	80	57	25	13	3,348	3,172	7.30	4.41	30.65	24.55	9.96	14.91	23.67	19.91	26
4	3	22	22	25	7	3,968	4,001	18.10	18.40	24.07	51.04	14.06	13.83	17.59	16.50	27
15	14	180	137	63	63	4,174	3,903	10.79	12.46	22.15	18.98	12.28	28.73	23.64	21.23	28
10	8	119	96	21	13	6,853	6,502	7.47	6.87	24.92	20.75	7.86	16.41	33.49	28.77	29
4	4	57	33	35	22	4,800	4,628	9.80	8.68	33.45	24.63	18.54	27.43	30.84	26.69	30
2	2	12	6	13	4	5,536	5,612	10.70	16.53	14.41	18.58	13.08	11.63	31.43	27.52	31
20.78	1,787	6,083	4,617	5,639	2,836	114,764	108,256	14.41	13.42	17.25	21.33	14.53	22.11	22.18	20.21	

ANNUAL STATEMENT NO. VI-A.—*Births and Deaths from different*
 (Paragraphs 9, 10, 12, 17,

1 No.	2 Divisions and Districts.	3 Population (Census 1931).	4 Births.				5 Cholera.	6 Small-pox.	7 Plague.	8 Fever.	9 Dysentery and Diarrhoea.	10 Respiratory Diseases.
			Births.			Birth rate.						
			Male.	Female.	Total.							
ARAKAN DIVISION.												
1	Akyab ...	595,194	9,831	8,912	18,743	31.49	24	...	...	7,798	214	643
2	Kyaukpyu ...	216,060	3,174	2,995	6,169	28.55	...	1	...	1,484	103	14
3	Sandoway ...	125,175	2,165	2,049	4,214	33.66	...	23	...	1,397	41	31
PEGU DIVISION.												
4	Pegu ...	460,395	5,095	4,837	9,932	21.57	...	6	45	1,963	12	53
5	Tharrawaddy ...	456,980	7,288	6,798	14,086	30.82	...	10	7	3,975	146	99
6	Hanthawaddy ...	384,785	5,339	5,123	10,462	27.19	...	14	...	1,698	93	147
7	Insein ...	279,595	3,779	4,004	7,783	27.84	...	21	8	1,589	41	43
8	Prome ...	360,469	6,104	5,804	11,908	33.03	...	5	1	4,713	105	2
IRRAWADDY DIVISION.												
9	Bassein ...	514,135	5,432	5,088	10,520	20.46	54	31	7	3,124	217	84
10	Henzada ...	568,886	6,979	6,374	13,353	23.47	...	16	...	3,703	135	65
11	Myaungmya ...	419,905	7,173	6,687	13,860	33.01	278	16	19	2,908	232	134
12	Maubin ...	346,353	6,128	5,938	12,066	34.84	19	32	...	2,336	70	77
13	Pyapôn ...	311,162	4,634	4,925	9,559	30.72	225	12	...	2,115	308	251
TENASSERIM DIVISION.												
14	Thatôn ...	509,166	5,446	5,296	10,742	21.10	15	1	41	4,156	63	60
15	Amherst ...	444,152	8,105	7,795	15,900	35.80	2	...	...	1,877	165	336
16	Tavoy ...	150,946	2,599	2,496	5,095	33.75	...	4	...	2,020	35	16
17	Mergui ...	141,582	1,866	1,850	3,716	26.26	86	3	1	1,400	96	23
18	Toungoo ...	391,922	5,492	5,216	10,708	27.32	1	5	12	3,237	88	7
MAGWE DIVISION.												
19	Thayetmyo ...	252,387	2,106	2,027	4,133	16.38	...	7	14	1,251	35	24
20	Minbu ...	265,217	4,250	4,080	8,330	31.41	...	58	...	3,968	83	22
21	Magwe ...	459,097	5,905	5,699	11,604	25.28	...	35	53	3,638	124	55
22	Pakôkku ...	476,066	9,010	8,984	17,994	37.80	...	73	29	5,423	261	23
MANDALAY DIVISION.												
23	Mandalay ...	196,687	2,922	2,855	5,777	29.37	...	21	28	2,337	20	4
24	Kyauksè ...	143,967	2,467	2,420	4,887	33.95	...	13	12	1,350	40	66
25	Meiktila ...	301,169	4,908	4,866	9,774	32.45	1	1	86	1,632	66	27
26	Myingyan ...	438,982	5,365	5,496	10,861	24.74	...	24	97	1,714	60	53
27	Yamèthin ...	358,090	6,541	6,498	13,039	36.41	...	1	4	2,843	26	135
SAGAING DIVISION.												
28	Shwebo ...	431,765	8,666	8,413	17,079	39.56	...	29	16	6,870	117	38
29	Sagaing ...	316,766	6,410	6,199	12,609	39.81	...	156	101	2,936	26	9
30	Lower Chindwin ...	372,634	7,553	7,512	15,065	40.43	1	46	1	4,041	236	1,811
Total, Rural Districts, Burma.		10,689,689	162,732	157,236	319,968	29.93	706	664	582	89,556	3,258	4,352

causes, registered in the Rural Districts of Burma during the year 1934.
(8, 20, 22, 24, 26 and 27.)

11						12	13	14										1
Injuries.						All other causes.	Total deaths from all causes.	Ratio of Deaths per 1,000 of population.										No.
Male.	Female.	Wounding or accident.	Snake-bite or killed by wild beasts.	Rabies.	Total.			Cholera	Small-pox.	Plague.	Fever.	Dysentery and Diarrhoea.	Respiratory Diseases.	Injuries.	All other causes.	From all causes.		
														For the year.	Mean of previous five years.			
3	...	121	6	7	137	2,686	11,502	0.04	...	...	13.10	0.36	1.08	0.23	4.51	19.32	17.24	1
2	4	17	2	1	26	1,680	3,308	...	0.00	...	6.87	0.48	0.06	0.12	7.78	15.31	17.77	2
2	2	32	2	1	39	1,146	2,677	...	0.18	...	11.16	0.33	0.25	0.31	9.16	21.39	20.81	3
4	1	41	95	4	145	4,439	6,663	...	0.01	0.10	4.26	0.03	0.12	0.31	9.64	14.47	14.75	4
5	7	49	135	5	201	3,866	8,304	...	0.02	0.02	8.70	0.32	0.22	0.44	8.46	18.17	14.86	5
5	1	31	70	3	110	4,434	6,496	...	0.04	...	4.41	0.24	0.38	0.29	11.52	16.88	13.99	6
...	4	47	120	20	191	3,080	4,973	...	0.08	0.03	5.68	0.15	0.15	0.68	11.02	17.79	16.00	7
4	5	42	44	3	98	3,379	8,303	...	0.01	0.00	13.07	0.29	0.01	0.27	9.37	23.03	20.29	8
5	2	19	25	6	57	2,711	6,285	0.11	0.06	0.01	6.08	0.42	0.16	0.11	5.27	12.22	10.31	9
...	...	55	56	4	115	4,080	8,114	...	0.03	...	6.51	0.24	0.11	0.20	7.17	14.26	13.48	10
...	1	40	67	11	119	5,695	9,401	0.66	0.04	0.05	6.93	0.55	0.32	0.28	13.56	22.39	16.19	11
5	2	35	111	5	158	4,135	6,827	0.05	0.09	...	6.74	0.20	0.22	0.46	11.94	19.71	14.22	12
...	...	209	73	4	286	4,283	7,480	0.72	0.04	...	6.80	0.99	0.81	0.92	13.76	24.04	17.81	13
4	1	37	20	9	71	2,049	6,456	0.03	0.00	0.08	8.16	0.12	0.12	0.14	4.02	12.68	9.04	14
6	2	63	41	3	115	4,498	6,993	0.00	...	...	4.23	0.37	0.76	0.26	10.13	15.74	14.18	15
4	1	31	5	1	42	679	2,796	...	0.03	...	13.38	0.23	0.11	0.28	4.50	18.52	18.21	16
1	...	34	1	...	36	675	2,380	0.61	0.02	0.01	10.31	0.68	0.16	0.25	4.77	16.81	16.65	17
3	4	59	67	7	140	3,504	6,994	0.00	0.01	0.03	8.26	0.22	0.02	0.36	8.94	17.85	12.48	18
...	...	18	17	1	36	1,162	2,529	...	0.03	0.06	4.96	0.14	0.10	0.14	4.60	10.02	14.17	19
2	1	46	78	6	133	3,085	7,349	...	0.22	...	14.96	0.31	0.08	0.50	11.63	27.71	27.05	20
9	17	59	98	7	190	3,280	7,375	...	0.08	0.12	7.92	0.27	0.12	0.41	7.14	16.06	13.36	21
5	2	85	114	15	221	5,852	11,882	...	0.15	0.06	11.39	0.55	0.05	0.46	12.29	24.96	24.62	22
3	...	19	25	...	47	2,385	4,842	...	0.11	0.14	11.88	0.10	0.02	0.24	12.13	24.62	24.89	23
3	...	31	5	1	40	1,969	3,490	...	0.09	0.08	9.38	0.28	0.46	0.28	13.68	24.24	32.01	24
3	3	53	63	15	137	4,444	6,394	0.00	0.00	0.29	5.42	0.22	0.09	0.45	14.76	21.23	21.98	25
1	...	35	87	8	131	4,675	6,754	...	0.05	0.22	3.90	0.14	0.12	0.30	10.65	15.39	14.77	26
1	...	44	45	10	100	4,577	7,686	...	0.00	0.01	7.94	0.07	0.38	0.28	12.78	21.46	20.14	27
1	...	110	107	24	242	5,848	13,160	...	0.07	0.04	15.91	0.27	0.09	0.56	13.54	30.48	29.82	28
4	5	51	110	17	187	5,480	8,895	...	0.49	0.32	9.27	0.08	0.03	0.59	17.30	28.08	23.66	29
7	5	46	93	12	163	4,518	10,817	0.00	0.12	0.00	10.84	0.63	4.86	0.44	12.12	29.03	28.15	30
92	70	1,559	1,782	210	3,713	104,294	207,125	0.07	0.06	0.05	8.38	0.30	0.41	0.35	9.76	19.38	17.61	

ANNUAL STATEMENT NO. VI-B.—Births and Deaths from different causes, registered
(Paragraphs 9, 11, 13, 17,

1 No.	2 Divisions and Towns.	3 Population (Census 1931).	4 Births.				5 Cholera	6 Small-pox.	7 Plague.	8 Fever.	9 Dysentery and Diarrhoea.	10 Respiratory Diseases.
			Births.			Birth rate.						
			Male.	Female.	Total.							
ARAKAN DIVISION.												
1	Akyab ...	38,094	374	343	717	18.82	1	...	...	81	14	194
2	Minbya ...	2,244	44	39	83	36.99	..	...	...	31	4	7
3	Kyaukpyu ...	4,232	73	64	137	32.37	...	...	...	4	2	14
4	Sandoway ...	4,070	53	53	106	26.04	...	2	...	40	...	4
PEGU DIVISION.												
5	Rangoon ...	398,967	5,030	4,750	9,780	24.51	4	75	27	217	508	3,037
6	Rangoon Cantonment	1,448	...	9	9	6.22	...	...	...	1	...	3
7	Pegu ...	21,626	434	390	824	38.10	1	...	5	142	49	135
8	Nyaunglebin ...	7,790	131	133	264	33.89	...	...	2	43	13	46
9	Tharrawaddy ...	7,131	105	89	194	27.21	...	...	3	23	2	31
10	Thônzè ...	7,962	161	137	298	37.43	...	...	6	39	6	40
11	Zigôn ...	6,365	72	69	141	22.15	...	5	22	31	7	13
12	Letpadan ...	12,160	140	128	268	22.04	...	1	2	36	8	34
13	Gyobingauk ...	7,675	122	111	233	30.36	...	3	43	24	9	47
14	Minhla ...	4,413	54	69	123	27.87	...	1	1	17	5	13
15	Nattalin ...	5,633	79	55	134	23.79	...	...	19	46	...	1
16	Syriam ...	15,070	247	239	468	32.25	...	1	...	59	16	48
17	Thôngwa ...	8,976	150	154	304	33.87	...	...	27	26	8	29
18	Insein ...	20,487	200	198	398	19.43	...	7	...	50	20	79
19	Mingaladon Cantmnt.	3,910	31	21	52	13.30	...	...	...	5	6	7
20	Thamaing ...	5,645	48	78	126	22.32	...	1	...	29	2	24
21	Kamayut ...	7,256	92	93	185	25.50	...	...	...	107	1	6
22	Thingangyun ...	7,984	82	79	161	20.17	...	...	...	22	1	5
23	Kanbe ...	6,575	104	95	199	30.27	...	1	...	39	1	1
24	Prome ...	28,295	527	544	1,071	37.85	1	19	14	153	50	151
25	Shwedaung ...	8,408	167	150	317	37.70	...	...	19	69	6	46
26	Paungdè ...	13,479	244	230	474	35.17	...	5	...	53	19	117
IRRAWADDY DIVISION.												
27	Bassein ...	45,662	705	668	1,373	30.07	10	74	44	72	86	325
28	Ngathainggyaung ...	5,380	76	97	173	32.16	1	...	33	32	5	16
29	Kyônpyaw ...	5,866	98	89	187	31.88	...	...	...	15	8	14
30	Henzada ...	28,542	382	379	761	26.66	...	1	1	58	50	178
31	Myanaung ...	9,072	157	150	307	33.84	...	4	57	20	6	54
32	Kyangin ...	6,780	105	94	199	29.35	...	...	13	36	11	27
33	Myaungmya ...	7,773	138	132	270	34.74	6	...	5	18	16	50
34	Wakèma ...	9,359	139	140	279	29.81	12	2	...	50	12	43
35	Moulmeingyun ...	7,747	121	82	203	26.20	34	...	...	49	19	48
36	Maubin ...	8,897	143	126	269	30.23	...	1	...	22	6	17
37	Yandoon ...	9,925	128	116	244	24.58	1	...	12	20	7	36
38	Danubyu ...	6,334	113	118	231	36.47	...	...	...	20	9	37
39	Pyapôn ...	12,338	146	124	270	21.88	7	...	...	74	23	58
40	Kyaiklat ...	10,658	174	160	334	31.3	25	1	...	54	33	29
TENASSERIM DIVISION.												
41	Thatôn ...	16,851	296	265	561	33.29	...	...	34	85	31	162
42	Kyaikto ...	6,611	83	76	159	24.05	...	...	13	17	8	36
43	Moulmein ...	65,506	974	894	1,868	28.52	...	...	1	144	99	337
44	Kawkareik ...	6,575	143	136	279	42.43	1	...	...	77	13	7
45	Tavoy ...	29,018	447	411	858	29.57	...	...	...	311	10	72

in the Towns of Burma during the year 1934.
(18, 20, 22, 24, 26 and 27.)

11						12	13	14									
Injuries.						All other causes.	Total deaths from all causes.	Ratio of Deaths per 1,000 of population.									
Suicide.		Wounding or accident.	Snake-bite or killed by wild beasts.	Rabies.	Total.			Cholera.	Small-pox.	Plague.	Fever.	Dysentery and Diarrhoea.	Respiratory Diseases.	Injuries.	All other causes.	From all causes.	
Males.	Females.					For the year.	Mean of previous five years.										
4	1	36	..	1	42	412	744	0·03	...	...	2·13	0·37	5·09	1·10	10·82	19·53	18·60
...	19	61	...	...	...	13·81	1·78	3·12	...	8·47	27·18	21·62
...	45	63	...	...	...	0·95	0·47	3·31	...	10·16	14·89	22·38
...	...	4	...	1	5	41	92	...	0·49	...	9·83	...	0·98	1·23	10·07	22·60	17·89
7	...	202	9	12	230	5,370	9,468	0·01	0·19	0·07	0·54	1·27	7·61	0·58	13·46	23·73	25·73
...	3	7	...	...	...	0·69	...	2·07	...	2·07	4·83	...
...	1	54	3	4	62	454	848	0·05	...	0·23	6·57	2·27	6·24	2·87	20·99	39·21	42·30
...	...	10	5	...	15	167	286	...	...	0·26	5·52	1·67	5·91	1·93	21·44	36·71	34·36
...	...	16	...	...	16	83	158	...	...	0·42	3·23	0·28	4·35	2·24	11·64	22·16	29·29
...	...	3	1	1	5	135	231	...	...	0·75	4·90	0·75	5·02	0·63	16·96	29·01	29·02
1	...	6	...	...	7	74	159	...	0·79	3·46	4·87	1·10	2·04	1·10	11·63	24·98	27·20
...	...	11	...	...	11	123	215	...	0·08	0·16	2·96	0·66	2·80	0·90	10·12	17·68	24·98
...	...	2	...	1	3	123	252	...	0·39	5·60	3·13	1·17	6·12	0·39	16·03	32·83	37·02
...	1	2	...	...	3	39	79	...	0·23	0·23	3·85	1·13	2·95	0·68	8·84	17·90	20·48
...	57	123	...	...	3·37	8·17	...	0·18	...	10·12	21·84	17·94
3	...	13	2	2	20	221	365	...	0·07	...	3·92	1·06	3·19	1·33	14·66	24·22	21·60
...	...	7	1	...	8	191	289	...	...	3·01	2·90	0·89	3·23	0·89	21·28	32·20	24·02
...	...	3	2	...	35	249	440	...	0·34	...	2·44	0·98	3·86	1·71	12·15	21·48	24·27
...	17	35	...	...	...	1·28	1·53	1·79	...	4·35	8·95	...
1	...	1	...	...	2	154	212	...	0·18	...	5·14	0·35	4·25	0·35	27·28	37·56	35·82
...	...	2	...	...	2	107	223	...	...	...	14·75	0·14	0·83	0·28	14·75	30·73	26·00
...	...	1	...	...	1	149	178	...	...	...	2·76	0·13	0·63	0·13	18·66	22·29	22·52
1	...	6	...	...	7	119	168	...	0·15	...	5·93	0·15	0·15	1·06	18·10	25·55	23·11
...	...	14	...	...	14	624	1,026	0·04	0·67	0·49	5·41	1·77	5·34	0·49	22·05	36·26	40·01
...	...	3	...	...	3	99	242	...	...	2·26	8·21	0·71	5·47	0·36	11·77	28·78	25·32
...	...	22	2	...	24	168	386	...	0·37	...	3·93	1·41	8·68	1·78	12·46	28·64	35·65
2	...	33	...	...	35	841	1,487	0·22	1·62	0·96	1·58	1·88	7·12	0·77	18·42	32·57	30·12
1	...	5	...	...	6	97	190	0·19	...	6·13	5·95	0·93	2·97	1·12	18·03	35·32	28·50
...	...	2	...	...	2	103	142	...	...	...	2·56	1·36	2·39	0·34	17·56	24·21	25·35
1	...	24	...	...	25	446	759	...	0·04	0·04	2·03	1·75	6·24	0·88	15·63	26·59	31·66
...	...	1	...	...	1	165	307	...	0·44	6·28	2·20	0·66	5·95	0·11	18·19	33·84	37·22
...	...	12	3	...	15	119	221	...	...	1·92	5·31	1·62	3·98	2·21	17·55	32·60	30·03
2	...	13	...	...	15	153	263	0·77	...	0·64	2·32	2·06	6·43	1·93	19·68	33·84	37·26
...	...	2	...	1	3	144	266	1·28	0·21	...	5·34	1·28	4·59	0·32	15·39	28·42	32·71
1	1	11	...	...	13	158	321	4·39	...	...	6·33	2·45	6·20	1·68	20·39	41·44	42·46
...	...	8	...	1	9	192	247	...	0·11	...	2·47	0·67	1·91	1·01	21·58	27·76	28·50
1	...	2	...	1	4	170	250	0·10	...	1·21	2·02	0·71	3·63	0·40	17·13	25·19	31·82
...	...	9	...	1	10	121	197	...	...	...	3·16	1·42	5·84	1·58	19·10	31·10	22·58
...	...	9	1	1	11	160	333	0·57	...	...	6·00	1·86	4·70	0·89	12·97	26·99	26·88
...	...	7	1	...	8	222	372	2·35	0·09	...	5·07	3·10	2·72	0·75	20·83	34·90	35·52
...	...	31	...	1	32	243	587	...	...	2·02	5·04	1·84	9·61	1·90	14·42	34·83	29·97
...	...	2	...	...	2	142	218	...	...	1·97	2·57	1·21	5·45	0·30	21·48	32·98	35·00
5	1	67	...	2	75	996	1,652	...	...	0·02	2·20	1·51	5·14	1·14	15·20	25·22	22·56
...	...	4	...	...	4	139	241	0·15	...	...	11·71	1·98	1·06	0·61	21·14	36·65	38·57
...	1	32	...	2	35	426	854	...	...	...	10·72	0·34	2·48	1·21	14·68	29·43	25·73

ANNUAL STATEMENT NO. VI-B.—Births, and Deaths from different

1 No.	2 Divisions and Towns.	3 Population (Census 1931).	4 Births.				5 Cholera.	6 Small-pox.	7 Plague.	8 Fever.	9 Dysentery and Diarrhea.	10 Respiratory Diseases
			Births.			Birth rate.						
			Male.	Female.	Total.							
TENASSERIM DIVISION —concl'd.												
46	Mergui ...	20,405	343	351	694	34.01	11	...	...	276	24	48
47	Toungoo ...	23,223	396	319	715	30.79	...	2	25	81	46	104
48	Shwegyin ...	5,876	106	94	200	34.04	1	...	...	36	7	24
49	Pyu ...	7,807	152	130	282	36.12	...	...	1	44	38	33
MAGWE DIVISION.												
50	Thayetnyo ...	9,279	175	187	362	39.01	...	...	1	25	...	29
51	Allanmyo ...	12,511	213	237	450	35.97	...	...	...	112	8	29
52	Minbu ...	6,005	140	109	249	41.47	...	2	17	19	1	59
53	Salin ...	6,654	128	120	248	37.27	...	4	...	85	16	28
54	Magwe ...	8,209	158	183	341	41.54	...	2	15	16	21	85
55	Taungdwingyi ...	8,339	197	212	409	49.05	...	...	48	38	3	113
56	Yenangyaung ...	11,098	234	232	466	41.99	...	14	44	27	35	76
57	Chauk ...	12,830	168	132	300	23.38	...	14	6	59	1	13
58	Pakôkku ...	23,115	381	384	765	33.10	...	87	67	162	28	183
MANDALAY DIVISION.												
59	Mandalay ...	134,950	4,326	3,567	7,893	58.49	...	535	918	466	180	1,028
60	Mandalay Cantonment	12,982	162	153	315	24.26	...	13	7	40	2	53
61	Maymyo ...	16,586	357	366	723	43.59	...	4	...	64	19	108
62	Maymyo Cantonment	4,749	66	61	127	26.74	...	...	...	7	6	17
63	Myitngè ...	5,682	61	50	111	19.54	...	...	1	16	9	24
64	Kyauksè ...	7,353	144	146	290	39.44	...	25	...	63	5	33
65	Meiktila ...	8,830	220	157	377	42.70	...	...	34	41	2	37
66	Myingyan ...	25,457	486	534	1,020	40.07	...	3	52	24	42	378
67	Nyaung-u ...	8,118	110	123	233	28.70	...	...	42	8	6	16
68	Yamèthin ...	9,291	186	188	374	40.25	...	6	...	9	5	65
69	Pyinmana ...	17,656	411	353	764	43.27	...	...	22	56	6	68
70	Pyawbwè ...	5,783	129	111	240	41.50	...	...	...	7	4	14
SAGAING DIVISION.												
71	Shwebo ...	11,286	261	231	492	43.59	...	4	...	53	6	21
72	Ye-u ...	3,739	79	62	141	37.71	...	...	2	56	3	15
73	Sagaing ...	14,127	302	309	611	43.25	...	2	31	60	25	113
74	Myinmu ...	5,072	95	93	188	37.07	...	16	...	40	8	38
75	Monywa ...	10,800	253	218	471	43.61	...	...	...	60	8	109
Total of Towns, Burma		1,412,601	23,771	21,989	45,760	32.39	116	937	1,736	4,611	1,773	8,639
Total of Rural Districts, Burma.		10,689,689	162,732	157,236	319,968	29.93	706	664	582	89,556	3,258	4,352
GRAND TOTAL, BURMA		12,102,290	186,503	179,225	365,728	30.22	822	1,601	2,318	94,167	5,031	12,991
TOWNS FOR WHICH CORRESPONDING RURAL FIGURES ARE NOT GIVEN IN VI-A.												
1	Bhamo ...	8,011	122	143	265	33.08	...	...	...	87	15	53
2	Myitkyina ...	7,328	127	149	276	37.66	...	...	9	84	25	70
3	Mawlaik ...	2,278	50	42	92	40.39	...	...	...	23	5	13
4	Lashio ...	4,638	91	62	153	32.99	...	...	...	114	2	36
5	Taunggyi ...	8,652	187	163	350	40.45	...	1	1	44	5	68
6	Kalaw ...	3,621	44	32	76	20.99	...	...	8	12	3	26

causes, registered in the Towns of Burma during the year 1934—concl'd.

11					12	13	14										
Injuries.					All other causes.	Total deaths from all causes.	Ratio of Deaths per 1,000 of population.										
Suicide.		Wounding or accident.	Snake-bite or killed by wild beasts.	Rabies.			Total.	Cholera.	Small-pox.	Plague.	Fever.	Dysentery and Diarrhoea.	Respiratory Diseases.	Injuries.	All other causes.	From all causes.	
Males.	Females.				For the year.	Mean of previous five years.											
2	1	49	...	...	52	325	736	0.54	...	...	13.53	1.18	2.35	2.55	15.93	36.07	32.36
1	...	21	...	3	25	311	594	...	0.09	1.08	3.49	1.98	4.48	1.08	13.39	25.58	25.69
...	...	5	...	...	5	103	176	0.17	...	...	6.13	1.19	4.08	0.85	17.53	29.95	33.59
...	...	7	...	1	8	116	240	...	...	0.13	5.64	4.87	4.23	1.02	14.86	30.74	28.55
...	...	19	...	...	19	272	346	...	...	0.11	2.69	...	3.13	2.05	29.31	37.29	36.01
...	...	2	...	...	2	151	302	...	...	...	8.95	0.64	2.32	0.16	12.07	24.14	29.73
...	1	10	1	...	12	126	236	...	0.33	2.83	3.16	0.17	9.83	2.00	20.98	39.30	35.01
1	...	3	...	...	4	143	280	...	0.60	...	12.77	2.40	4.21	0.60	21.49	42.08	50.91
...	...	7	2	...	9	157	305	...	0.24	1.83	1.95	2.56	10.35	1.10	19.13	37.15	33.33
...	...	22	...	...	22	209	433	...	...	5.76	4.56	0.36	13.55	2.64	25.06	51.92	47.17
...	...	10	1	...	11	212	419	...	1.26	3.96	2.43	3.15	6.85	0.99	19.10	37.75	38.99
...	...	5	...	...	5	179	277	...	1.09	0.47	4.60	0.08	1.01	0.39	13.95	21.59	18.86
...	...	15	5	...	20	475	1,022	...	3.76	2.90	7.01	1.21	7.92	0.87	20.55	44.21	40.14
1	1	36	1	5	44	3,342	6,513	...	3.96	6.80	3.45	1.33	7.62	0.33	24.76	48.26	44.73
...	...	8	...	...	8	238	361	...	1.00	0.54	3.08	0.15	4.08	0.62	18.33	27.81	...
...	...	21	...	...	21	221	437	...	0.24	...	3.86	1.15	6.51	1.27	13.32	26.35	27.18
...	...	1	...	...	1	26	57	...	...	...	1.47	1.26	3.58	0.21	5.47	12.00	...
...	...	3	...	...	3	48	101	...	...	0.18	2.82	1.58	4.22	0.53	8.45	17.78	23.87
...	...	1	...	...	1	120	247	...	3.40	...	8.57	0.68	4.49	0.14	16.32	33.59	36.15
...	...	22	...	1	23	184	321	...	...	3.85	4.64	0.23	4.19	2.60	20.84	36.35	33.77
...	...	46	1	1	48	502	1,049	...	0.12	2.04	0.94	1.65	14.85	1.89	19.72	41.21	41.53
...	...	3	...	...	3	189	264	...	...	5.17	0.99	0.74	1.97	0.37	23.28	32.52	26.52
...	...	2	...	...	2	136	223	...	0.65	...	0.97	0.54	7.00	0.22	14.64	24.00	26.79
...	...	21	...	...	21	326	499	...	...	1.25	3.17	0.34	3.85	1.19	18.46	28.26	36.20
...	...	1	...	1	2	158	185	...	...	...	1.21	0.69	2.42	0.35	27.32	31.99	35.44
...	...	10	...	...	10	266	360	...	0.35	...	4.70	0.53	1.86	0.89	23.57	31.90	49.01
...	...	6	...	...	6	31	113	...	...	0.53	14.98	0.80	4.01	1.60	8.29	30.22	33.77
...	...	10	...	1	11	256	498	...	0.14	2.19	4.25	1.77	8.00	0.78	18.12	35.25	43.00
...	...	1	1	2	4	91	197	...	3.15	...	7.89	1.58	7.49	0.79	17.94	38.84	33.44
1	..	18	...	...	19	178	374	...	...	...	5.56	0.74	10.09	1.76	16.48	34.63	44.52
36	9	1,107	42	47	1,241	23,369	42,422	0.08	0.66	1.23	3.26	1.26	6.12	0.88	16.54	30.03	30.88
92	70	1,559	1,782	210	3,713	104,294	207,125	0.07	0.06	0.05	8.38	0.30	0.41	0.35	9.76	19.38	17.61
128	79	2,666	1,824	257	4,954	127,663	249,547	0.07	0.13	0.19	7.78	0.42	1.07	0.41	10.55	20.62	19.15
...	...	3	...	1	4	86	245	...	...	...	10.86	1.87	6.62	0.50	10.74	30.58	27.54
...	...	3	1	...	4	80	272	...	...	1.23	11.46	3.41	9.55	0.55	10.92	37.12	38.75
1	...	2	...	...	3	27	71	...	...	...	10.10	2.19	5.71	1.32	11.85	31.17	26.23
...	...	9	...	...	9	38	199	...	...	...	24.58	0.43	7.76	1.94	8.19	42.91	55.65
3	...	3	...	...	6	117	242	...	0.12	0.12	5.09	0.58	7.86	0.69	13.52	27.97	30.44
...	37	86	...	...	2.21	3.31	0.83	7.18	...	10.22	23.75	22.42

STATEMENT VI-B (a).—*Supplement to Annual Statement*

No	Divisions and Towns.	Population (Census 1931).	Fever.									
			1		2		3		4		5	
			Malaria.		Blackwater Fever.		Kala-Azar.		Enteric.		Typhus.	
		Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	
ARAKAN DIVISION.												
1	Akyab ...	38,094	13	0·34	...	...	1	0·03	10	0·26	...	...
2	Minbya ...	2,244	30	13·37	...	...	...	...	...	...	...	...
3	Kyaukpyu ...	4,232	1	0·24	...	...	...	...	...	...	...	...
4	Sandoway ...	4,070	1	0·25	...	...	...	...	...	...	...	...
PEGU DIVISION.												
5	Rangoon ...	398,967	98	0·25	1	0·00	7	0·02	46	0·12	...	...
6	Rangoon Cantonment ...	1,448	1	0·69	...	...	...	...	...	...	...	...
7	Pegu ...	21,626	46	2·13	...	...	...	...	2	0·09	...	...
8	Nyaunglebin ...	7,790	20	2·57	...	...	...	...	...	...	...	...
9	Tharrawaddy ...	7,131	19	2·66	...	...	...	...	1	0·14	...	...
10	Thônzè ...	7,962	19	2·39	...	...	...	...	...	...	...	...
11	Zigôn ...	6,365	10	1·57	...	...	...	...	...	...	...	...
12	Letpadan ...	12,160	36	2·96	...	...	...	...	...	...	...	...
13	Gyobingauk ...	7,675	19	2·48	...	...	...	...	1	0·13	...	...
14	Minhla ...	4,413	10	2·27	...	...	...	...	...	...	...	...
15	Nattalin ...	5,633	4	0·71	...	...	...	...	...	...	...	...
16	Syriam ...	15,070	1	0·07	...	...	...	...	...	...	...	...
17	Thôngwa ...	8,976	...	...	...	...	...	...	1	0·11	...	...
18	Insein ...	20,487	9	0·44	...	...	...	...	...	...	...	...
19	Mingaladon Cantonment ...	3,910	...	...	...	...	...	...	...	...	...	...
20	Thamaing ...	5,645	2	0·35	...	...	...	...	...	...	...	...
21	Kamayut ...	7,256	...	...	...	...	...	...	...	...	...	...
22	Thingangyun ...	7,984	1	0·13	...	...	...	...	...	...	...	...
23	Kanbe ...	6,575	1	0·15	...	...	...	...	...	...	...	...
24	Prome ...	28,295	33	1·17	...	...	...	...	2	0·07	...	...
25	Shwedaung ...	8,408	15	1·78	...	...	...	...	...	...	...	...
26	Paungdè ...	13,479	7	0·52	...	...	...	...	2	0·15	...	...
IRRAWADDY DIVISION.												
27	Bassein ...	45,662	26	0·57	...	...	...	...	7	0·15	...	...
28	Ngathainggyaung ...	5,380	22	4·09	...	...	...	...	5	0·93	...	...
29	Kyônpyaw ...	5,866	13	2·22	...	...	...	...	...	...	...	...
30	Henzada ...	28,542	7	0·25	...	...	...	...	2	0·07	1	0·04
31	Myanaung ...	9,072	8	0·88	...	...	...	...	...	...	...	...
32	Kyangin ...	6,780	35	5·16	...	...	...	...	...	...	...	...
33	Myaungmya ...	7,773	12	1·54	1	0·13	...	...	2	0·26	...	...
34	Wakèma ...	9,359	27	2·88	1	0·11	...	...	...	...	...	...
35	Moulmeingyun ...	7,747	46	5·94	...	...	...	...	2	0·26	...	...
36	Maubin ...	8,897	1	0·11	...	...	...	...	1	0·11	...	...
37	Yandoon ...	9,925	4	0·40	...	...	...	...	4	0·40	...	...
38	Danubyu ...	6,334	3	0·47	...	...	...	...	1	0·16	...	...
39	Pyapôn ...	12,338	38	3·08	...	...	...	...	2	0·16	...	...
40	Kyaiklat ...	10,658	29	2·72	...	...	...	...	3	0·28	...	...
TENASSERIM DIVISION.												
41	Thatôn ...	16,851	8	0·47	...	...	...	...	7	0·42	...	...
42	Kyaikto ...	6,611	8	1·21	...	...	...	...	5	0·76	...	...
43	Moulmein ...	65,506	26	0·40	...	...	...	...	37	0·56	...	...
44	Kawkareik ...	6,575	55	8·37	...	...	...	...	...	...	...	...
45	Tavoy ...	29,018	45	1·55	...	...	...	...	...	...	...	...

FOOT NOTE.— Column 6—“Relapsing Fever”

VI-B, 1934. (Paragraphs 9, 15, 16, 24, 25, 26, 27, 28 and 44.)

7		8		9		10		11		12	
Cerebrospinal meningitis.		Chicken pox.		Measles.		Acute Poliomyelitis.		Mumps.		Influenza.	
Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.
...
...	1	0.45	...	...	...	...	...	...
...
...
4	0.01	...	...	1	0.00	...	...	...	...	9	0.02
...
...	2	0.09	...	...	1	0.05	1	0.05
...
...
...
...
...
...
...
...
...	1	0.05	...	...	...	...	...	...
...
...	1	0.14	...	...	...	...	...	...
...
...
...
...
...
...
...	3	0.22
...
...	2	0.04	...	...	...	...	...	...
...	3	0.56
...
...	1	0.04	...	...	...	...	...	...
...
...	1	0.11	...	...
...
...	1	0.13
...
...
1	0.11	1	0.11	...	...	...	...	...	...	...	...
...	...	1	0.10	...	...	...	...	...	...	...	...
...	12	1.89
...
...
...
...
...	...	1	0.02	...	...	...	...	...	...	1	0.02
...
...

(spirochaetal)—no deaths reported.

STATEMENT VI-B (a).—*Supplement to*

No.	Divisions and Towns.	Population (Census 1931).	Fevers.									
			1		2		3		4		5	
			Malaria.		Blackwater Fever.		Kala-Azar.		Enteric.		Typhus.	
			Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.
TENASSERIM DIVISION												
—concl.												
46	Mergui ...	20,405	28	1·37	1	0·05	...	...	3	0·15	...	...
47	Toungoo ...	23,223	62	2·67	1	0·04	...	...	3	0·13	...	...
48	Shwegyin ...	5,876	19	3·23	...	...	...	...	...	...	...	...
49	Pyu ...	7,807	42	5·38	...	...	...	...	...	...	...	...
MAGWE DIVISION.												
50	Thayetmyo ...	9,279	8	0·86	...	...	...	...	1	0·11	...	...
51	Allanmyo ...	12,511	25	2·00	...	...	...	...	...	...	...	...
52	Minbu ...	6,005	15	2·50	...	...	...	...	1	0·17	...	...
53	Salin ...	6,654	37	5·56	...	...	...	...	...	...	...	...
54	Magwe ...	8,209	5	0·61	...	...	...	...	8	0·97	...	...
55	Taungdwingyi ...	8,339	27	3·24	...	...	...	...	2	0·24	...	...
56	Yenangyaung ...	11,098	2	0·18	...	...	...	...	3	0·27	...	...
57	Chauk ...	12,830	1	0·08	...	...	...	...	...	...	...	...
58	Pakôkku ...	23,115	2	0·09	...	...	...	...	1	0·04	...	...
MANDALAY DIVISION.												
59	Mandalay ...	134,950	308	2·28	...	...	1	0·01	67	0·50	...	...
60	Mandalay Cantonment	12,982	9	0·69	...	...	...	...	2	0·15	...	...
61	Maymyo ...	16,586	41	2·47	1	0·06	...	...	14	0·84	...	...
62	Maymyo Cantonment	4,749	...	...	...	...	...	...	...	...	...	...
63	Myitngè ...	5,682	3	0·53	...	...	...	...	...	...	...	...
64	Kyauksè ...	7,353	53	7·21	...	...	...	...	...	...	...	...
65	Meiktila ...	8,830	7	0·79	...	...	...	...	...	...	...	...
66	Myingyan ...	25,457	1	0·04	...	...	...	...	...	...	...	...
67	Nyaung-u ...	8,118	2	0·25	...	...	...	...	...	...	...	...
68	Yamèthin ...	9,291	3	0·32	...	...	...	...	...	...	...	...
69	Pyinmana ...	17,656	15	0·85	...	...	...	...	3	0·17	...	...
70	Pyawbwè ...	5,783	7	1·21	...	...	...	...	...	...	...	...
SAGAING DIVISION.												
71	Shwebo ...	11,286	4	0·35	...	...	...	...	2	0·18	...	...
72	Ye-u ...	3,739	15	4·01	...	...	...	...	1	0·27	...	...
73	Sagaing ...	14,127	16	1·13	...	...	...	...	9	0·64	...	...
74	Myinmu ...	5,072	24	4·73	...	...	...	...	1	0·20	...	...
75	Mônywa ...	10,800	14	1·30	1	0·09	...	...	3	0·28	...	...
Total of Towns, Burma		1,412,601	1,604	1·14	7	0·00	9	0·01	267	0·19	1	0·00
Towns for which corresponding Rural figures are not given in VI-A.												
1	Bhamo ...	8,011	63	7·86	...	...	...	...	1	0·12	...	...
2	Myitkyina ...	7,328	58	7·91	...	...	...	...	5	0·68	...	...
3	Mawiaik ...	2,278	13	5·71	...	...	...	...	2	0·88	...	...
4	Lashio ...	4,638	109	23·50	4	0·86	...	...	...	...	...	...
5	Taunggyi ...	8,652	37	4·28	...	...	...	...	4	0·46	...	...
6	Kalaw ...	3,621	9	2·49	...	...	...	...	...	...	...	...

FOOT NOTE.—Column 6—"Relapsing Fever"

Annual Statement VI-B, 1933—contd.

7		8		9		10		11		12	
Cerebrospinal meningitis.		Chicken-pox.		Measles.		Acute Poliomyelitis.		Mumps.		Influenza.	
Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.
...	1	0.05	...	...	...	...	...	...
...
...
...
...	2	0.16	...	...	...	...	11	0.88
...	2	0.33	...	...	...	...	...	...
...
...	3	0.36	...	...	...	...	...	...
...
1	0.08	...	...	2	0.09	...	...	...	...	...	...
...
...	...	1	0.01	8	0.06	...	...	...	...	11	0.08
1	0.08	...	...	1	0.08	...	...	...	...	...	...
...	3	0.63
...	1	0.18	...	...	...
...	...	1	0.14	...	...	...	...	...	...	1	0.14
...
...	1	0.12	...	...	...	...	...	...
...	3	0.32
...
...
...
...	14	2.76
...
7	0.00	5	0.00	29	0.02	1	0.00	2	0.00	73	0.05
...
1	0.12	...	...	...	...	...	...	...	...	...	...
...	7	0.96	...	...	...	...	...	...
...
2	0.23	...	...	...	...	...	...	...	...	1	0.12
...	1	0.28	...	...	...	...	2	0.55

(spirochaetal)"—no deaths reported.

STATEMENT VI-B (a).—*Supplement to*

No.	Divisions and Towns.	Population (Census 1931).	Fever.						Dysentery and	
			13		14		15		16	
			Diphtheria.		Other fevers.		Total fevers.		Dysentery.	
			Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.
ARAKAN DIVISION.										
1	Akyab ...	38,094	...	...	57	1.50	81	2.13	8	0.21
2	Minbya ...	2,244	...	...	...	...	31	13.81	4	1.78
3	Kyaukpyu ...	4,232	...	...	3	0.71	4	0.95	2	0.47
4	Sandoway ...	4,070	...	...	39	9.58	40	9.83	...	...
PEGU DIVISION.										
5	Rangoon ...	398,967	10	0.03	41	0.10	217	0.54	205	0.51
6	Rangoon Cantonment	1,448	...	...	...	...	1	0.69	...	...
7	Pegu ...	21,626	...	...	90	4.16	142	6.57	17	0.79
8	Nyaunglebin ...	7,790	...	...	23	2.95	43	5.52	5	0.64
9	Tharrawaddy ...	7,131	...	...	3	0.42	23	3.23	2	0.28
10	Thônzè ...	7,962	...	...	20	2.51	39	4.90	2	0.25
11	Zigôn ...	6,365	...	...	21	3.30	31	4.87	5	0.79
12	Letpadan ...	12,160	...	...	...	...	36	2.96	6	0.49
13	Gyobingauk ...	7,675	...	...	4	0.52	24	3.13	4	0.52
14	Minhla ...	4,413	...	...	7	1.59	17	3.85	4	0.91
15	Nattalin ...	5,633	...	...	42	7.46	46	8.17	...	...
16	Syriam ...	15,070	1	0.07	57	3.78	59	3.92	6	0.40
17	Thôngwa ...	8,976	...	...	25	2.79	26	2.90	5	0.56
18	Iusein ...	20,487	...	...	40	1.95	50	2.44	12	0.59
19	Mingaladon Cantonment	3,910	...	...	5	1.28	5	1.28	6	1.53
20	Thamaing ...	5,645	...	...	27	4.78	29	5.14	1	0.18
21	Kamayut ...	7,256	...	...	106	14.61	107	14.75	1	0.14
22	Thingangyun ...	7,984	...	...	21	2.63	22	2.76	...	...
23	Kanbe ...	6,575	...	...	38	5.78	39	5.93	1	0.15
24	Prome ...	28,295	...	...	118	4.17	153	5.41	23	0.81
25	Shwedaung ...	8,408	...	...	54	6.42	69	8.21	5	0.59
26	Paungdè ...	13,479	1	0.07	40	2.97	53	3.93	15	1.11
IRRAWADDY DIVISION.										
27	Bassein ...	45,662	...	...	37	0.81	72	1.58	48	1.05
28	Ngathaingyaung ...	5,380	...	...	2	0.37	32	5.95	...	...
29	Kyônpyaw ...	5,866	...	...	2	0.34	15	2.56	8	1.36
30	Henzada ...	28,542	...	...	47	1.65	58	2.03	38	1.33
31	Myanaung ...	9,072	...	...	11	1.21	20	2.20	5	0.55
32	Kyangin ...	6,780	...	...	1	0.15	36	5.31	6	0.88
33	Myaungmya ...	7,773	...	...	2	0.26	18	2.32	6	0.77
34	Wakèma ...	9,359	1	0.11	21	2.24	50	5.34	8	0.85
35	Moulmeingyun ...	7,747	...	...	1	0.13	49	6.33	11	1.42
36	Maubin ...	8,897	...	...	18	2.02	22	2.47	4	0.45
37	Yandoon ...	9,925	...	...	11	1.11	20	2.02	5	0.50
38	Danubyu ...	6,334	...	...	4	0.63	20	3.16	8	1.26
39	Pyapôn ...	12,338	...	...	34	2.76	74	6.00	19	1.54
40	Kyaiklat ...	10,658	...	...	22	2.06	54	5.07	14	1.31
TENASSERIM DIVISION.										
41	Thatôn ...	16,851	...	...	70	4.15	85	5.04	16	0.95
42	Kyaikto ...	6,611	...	...	4	0.61	17	2.57	3	0.45
43	Moulmein ...	65,506	4	0.06	75	1.14	144	2.20	35	0.53
44	Kawkareik ...	6,575	...	...	22	3.35	77	11.71	5	0.76
45	Tavoy ...	29,018	...	...	266	9.17	311	10.72	8	0.28

Annual Statement VI-B, 1933--contd.

Diarrhoea.		Respiratory diseases.						Other Causes.						No.
17		18		19		20		21		22		23		
Death.	Ratio.	Pulmonary Tuberculosis.		Pneumonia.		Diseases of the Respiratory System.		Other Tuberculous Diseases.		Beri-beri including Epidemic Dropsy.		Leprosy.		
		Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	
6	0.16	39	1.02	120	3.15	35	0.92	...	...	3	0.08	3	0.08	1
...	...	2	0.89	2	0.89	3	1.34	...	...	...	...	...	...	2
...	...	4	0.95	9	2.13	1	0.24	...	...	...	...	...	...	3
...	...	...	...	3	0.74	1	0.25	1	0.25	2	0.49	...	...	4
303	0.76	764	1.91	1,565	3.92	708	1.77	66	0.17	83	0.21	73	0.18	5
...	...	...	...	3	2.07	...	...	...	...	...	...	...	...	6
32	1.48	50	2.31	25	1.16	60	2.77	3	0.14	...	...	1	0.05	7
8	1.03	14	1.80	13	1.67	19	2.44	4	0.51	4	0.51	3	0.39	8
...	...	13	1.82	14	1.96	4	0.56	2	0.28	...	...	...	...	9
4	0.50	4	0.50	24	3.01	12	1.51	...	...	...	...	1	0.13	10
2	0.31	2	0.31	2	0.31	9	1.41	...	...	...	...	1	0.16	11
2	0.16	7	0.58	23	1.89	4	0.33	3	0.25	...	...	...	...	12
5	0.65	10	1.30	28	3.65	9	1.17	...	...	...	...	5	0.65	13
1	0.23	1	0.23	11	2.49	1	0.23	...	...	...	...	...	...	14
...	...	...	...	1	0.18	...	...	...	...	...	...	...	...	15
10	0.66	18	1.19	26	1.73	4	0.27	5	0.33	7	0.46	...	...	16
3	0.33	12	1.34	17	1.89	...	...	...	...	...	...	1	0.11	17
8	0.39	20	0.98	43	2.10	16	0.78	3	0.15	...	...	...	...	18
...	...	...	...	...	...	7	1.79	...	...	...	...	...	...	19
1	0.18	21	3.72	3	0.53	...	...	1	0.18	...	...	1	0.18	20
...	...	3	0.41	1	0.14	2	0.28	...	...	...	...	1	0.14	21
1	0.13	2	0.25	2	0.25	1	0.13	1	0.13	1	0.13	...	..	22
...	...	...	...	...	...	1	0.15	...	...	...	...	...	...	23
27	0.95	20	0.71	30	1.06	101	3.57	3	0.11	...	...	...	...	24
1	0.12	3	0.36	19	2.26	24	2.85	...	...	...	...	1	0.12	25
4	0.30	25	1.85	42	3.12	50	3.71	...	...	...	...	...	...	26
38	0.83	124	2.72	66	1.45	135	2.96	18	0.39	5	0.11	10	0.22	27
5	0.93	3	0.56	...	...	13	2.42	1	0.19	7	1.30	1	0.19	28
...	...	3	0.51	8	1.36	3	0.51	...	...	...	...	...	...	29
12	0.42	26	0.91	55	1.93	97	3.40	...	...	1	0.04	5	0.18	30
1	0.11	15	1.65	2	0.22	37	4.08	7	0.77	...	...	3	0.33	31
5	0.74	11	1.62	15	2.21	1	0.15	4	0.59	...	...	...	...	32
10	1.29	19	2.44	24	3.09	7	0.90	1	0.13	...	...	1	0.13	33
4	0.43	19	2.03	20	2.14	4	0.43	1	0.11	...	...	1	0.11	34
8	1.03	23	2.97	24	3.10	1	0.13	2	0.26	...	...	3	0.39	35
2	0.22	13	1.46	4	0.45	...	...	4	0.45	...	...	...	...	36
2	0.20	10	1.01	6	0.60	20	2.02	...	...	6	0.60	2	0.20	37
1	0.16	13	2.05	22	3.47	2	0.32	...	...	4	0.63	2	0.32	38
4	0.32	17	1.38	36	2.92	5	0.41	3	0.24	2	0.16	...	...	39
19	1.78	13	1.22	11	1.03	5	0.47	1	0.09	...	...	...	...	40
15	0.89	22	1.31	19	1.13	121	7.18	3	0.18	1	0.06	2	0.12	41
5	0.76	18	2.72	14	2.12	4	0.61	...	...	...	...	3	0.45	42
64	0.98	127	1.94	125	1.91	85	1.30	6	0.09	7	0.11	23	0.35	43
8	1.22	...	...	7	1.06	...	...	11	1.67	...	...	...	...	44
2	0.07	46	1.59	7	0.24	19	0.65	...	...	...	...	...	...	45

STATEMENT VI-B (a).—*Supplement*

No.	Divisions and Towns.	Population (Census 1931).	Fever.						Dysentery and	
			13		14		15		16	
			Diphtheria.		Other fevers.		Total fevers.		Dysentery.	
			Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.
TENASSERIM DIVISION —concl'd.										
46	Mergui ...	20,405	2	0·10	241	11·81	276	13·53	19	0·93
47	Toungoo ...	23,223	...	...	15	0·65	81	3·49	33	1·42
48	Shwegyin ...	5,876	...	...	17	2·89	36	6·13	4	0·68
49	Pyu ...	7,807	...	...	2	0·26	44	5·64	15	1·92
MAGWE DIVISION										
50	Thayetmyo ...	9,279	1	0·11	15	1·62	25	2·69	...	...
51	Allanmyo ...	12,511	...	...	74	5·91	112	8·95	7	0·56
52	Minbu ...	6,005	...	...	1	0·17	19	3·16	1	0·17
53	Salin ...	6,654	...	...	48	7·21	85	12·77	6	0·90
54	Magwe ...	8,209	...	...	3	0·37	16	1·95	4	0·49
55	Taungdwingyi ...	8,339	...	...	6	0·72	38	4·56	2	0·24
56	Yenangyaung ...	11,098	...	...	22	1·98	27	2·43	8	0·72
57	Chauk ...	12,830	...	...	57	4·44	59	4·60	1	0·08
58	Pakôkku ...	23,115	...	...	157	6·79	162	7·01	11	0·48
MANDALAY DIVISION.										
59	Mandalay ...	134,950	3	0·02	67	0·50	466	3·45	65	0·48
60	Mandalay Cantonment	12,982	...	...	27	2·08	40	3·08	...	...
61	Maymyo ...	16,586	1	0·06	7	0·42	64	3·86	4	0·24
62	Maymyo Cantonment	4,749	...	...	4	0·84	7	1·47	...	...
63	Myitngè ...	5,682	...	...	12	2·11	16	2·82	1	0·18
64	Kyauksè ...	7,353	...	...	8	1·09	63	8·57	2	0·27
65	Meiktila ...	8,830	...	...	34	3·85	41	4·64	1	0·11
66	Myingyan ...	25,457	...	...	23	0·90	24	0·94	9	0·35
67	Nyaung-u ...	8,118	...	...	5	0·62	8	0·99	4	0·49
68	Yamèthin ...	9,291	1	0·11	2	0·22	9	0·97	5	0·54
69	Pyinmana ...	17,656	2	0·11	36	2·04	56	3·17	2	0·11
70	Pyawbwè ...	5,783	...	...	...	...	7	1·21	1	0·17
SAGAING DIVISION.										
71	Shwebo ...	11,286	...	...	47	4·16	53	4·70	2	0·18
72	Ye-u ...	3,739	...	...	40	10·70	56	14·98	2	0·53
73	Sagaing ...	14,127	...	...	35	2·48	60	4·25	6	0·42
74	Myinmu ...	5,072	...	...	1	0·20	40	7·89	3	0·59
75	Mônnya ...	10,800	...	...	42	3·89	60	5·56	3	0·28
Total of Towns, Burma		1,412,601	27	0·02	2,579	1·83	4,611	3·26	8·07	0·57
Towns for which corresponding Rural figures are not given in VI-A.										
1	Bhamo ...	8,011	...	...	22	2·75	87	10·86	14	1·75
2	Myitkyina ...	7,328	...	...	14	1·91	84	11·46	15	2·05
3	Mawlaik ...	2,278	...	...	8	3·51	23	10·10	4	1·76
4	Lashio ...	4,638	1	0·22	...	...	114	24·58	1	0·22
5	Taunggyi ...	8,652	...	...	...	...	44	5·09	4	0·46
6	Kalaw ...	3,621	...	...	...	...	12	3·31	...	...

to Annual Statement VI-B, 1933—contd.

Diarrhoea.		Respiratory diseases.						Other causes.						No.
17		18		19		20		21		22		23		
Diarrhoea.		Pulmonary Tuberculosis.		Pneumonia.		Diseases of the Respiratory System.		Other Tuberculous Diseases.		Beri-beri including Epidemic Dropsy.		Leprosy.		
Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	
5	0.25	21	1.03	20	0.98	7	0.34	3	0.15	18	0.88	...	...	46
13	0.56	20	0.86	68	2.93	16	0.69	5	0.22	2	0.09	1	0.04	47
3	0.51	8	1.36	8	1.36	8	1.36	1	0.17	...	...	...	...	48
23	2.95	10	1.28	17	2.18	6	0.77	1	0.13	...	...	...	...	49
...	...	5	0.54	8	0.86	16	1.72	...	...	...	...	...	...	50
1	0.08	7	0.56	21	1.68	1	0.08	...	...	8	0.64	5	0.40	51
...	...	11	1.83	12	2.00	36	6.00	...	...	...	...	2	0.33	52
10	1.50	19	2.86	...	...	9	1.35	...	...	...	...	2	0.30	53
17	2.07	16	1.95	45	5.48	24	2.92	...	...	...	...	1	0.12	54
1	0.12	13	1.56	33	3.96	67	8.03	...	...	...	...	1	0.12	55
27	2.43	24	2.16	43	3.87	9	0.81	...	...	...	...	3	0.27	56
...	...	1	0.08	9	0.70	3	0.23	...	...	4	0.31	...	...	57
17	0.74	31	1.34	41	1.77	111	4.80	...	...	...	...	21	0.91	58
115	0.85	301	2.23	410	3.04	317	2.35	28	0.21	8	0.06	46	0.34	59
2	0.15	3	0.23	34	2.62	16	1.23	...	...	2	0.15	2	0.15	60
15	0.90	15	0.90	71	4.28	22	1.33	1	0.06	...	...	1	0.06	61
6	1.26	2	0.42	13	2.74	2	0.42	1	0.21	...	...	...	...	62
8	1.41	3	0.53	20	3.52	1	0.18	...	...	...	...	...	...	63
3	0.41	5	0.68	9	1.22	19	2.58	2	0.27	...	...	...	...	64
1	0.11	10	1.13	19	2.15	8	0.91	1	0.11	...	...	...	...	65
33	1.30	46	1.81	148	5.81	184	7.23	2	0.08	...	...	8	0.31	66
2	0.25	9	1.11	5	0.62	2	0.25	...	...	...	...	4	0.49	67
...	...	11	1.18	45	4.84	9	0.97	1	0.11	...	...	3	0.32	68
4	0.23	16	0.91	42	2.38	10	0.57	20	1.13	...	...	1	0.06	69
3	0.52	4	0.69	2	0.35	8	1.38	...	...	...	...	2	0.35	70
4	0.35	5	0.44	16	1.42	...	...	6	0.53	...	...	...	...	71
1	0.27	4	1.07	3	0.80	8	2.14	...	...	...	...	1	0.27	72
19	1.34	22	1.55	37	2.62	54	3.82	1	0.07	...	...	2	0.14	73
5	0.99	5	0.99	28	5.52	5	0.99	...	...	...	...	...	...	74
5	0.46	18	1.67	46	4.26	45	4.17	...	...	1	0.09	1	0.09	75
966	0.68	2,221	1.57	3,764	2.66	2,654	1.88	227	0.16	176	0.12	254	0.18	
1	0.12	17	2.12	30	3.74	6	0.75	3	0.37	...	...	...	...	1
10	1.36	11	1.50	55	7.51	4	0.55	5	0.68	1	0.14	...	...	2
1	0.44	...	...	8	3.51	5	2.19	...	...	1	0.44	...	...	3
1	0.22	...	...	20	4.31	16	3.45	2	0.43	1	0.22	...	...	4
1	0.12	9	1.04	49	5.66	10	1.16	...	...	...	...	1	0.12	5
3	0.83	3	0.83	21	5.80	2	0.55	1	0.28	...	...	...	...	6

STATEMENT VI-B (a).—*Supplement to Annual Statement VI-B, 1933*—contd.

No.	Divisions and Towns.	Population (Census 1931).	Other Causes.								
			24		25		26	27			28
			Cancer.		Whooping cough,		Deaths from Child-birth.	Deaths under one year.			Mortality Infant Rate.
			Death.	Ratio.	Death.	Ratio.		Male.	Female.	Total.	
ARAKAN DIVISION.											
1	Akyab ...	38,094	3	0·08	1	0·03	13	106	89	195	271·97
2	Minbya ..	2,244	...	...	...	...	...	11	13	24	289·16
3	Kyaukpyu ...	4,232	...	...	1	0·24	...	16	8	24	175·18
4	Sadoway ...	4,070	...	...	...	...	3	12	11	23	216·98
PEGU DIVISION.											
5	Rangoon ...	398,967	69	0·17	1	0·00	66	1,465	1,182	2,647	270·65
6	Rangoon Cantonment	1,448	...	...	...	...	...	2	2	4	444·44
7	Pegu ...	21,626	3	0·14	...	...	12	122	93	215	260·92
8	Nyaunglebin ...	7,790	2	0·26	...	...	7	46	37	83	314·39
9	Tharrawaddy ...	7,131	2	0·28	...	...	2	14	19	33	170·10
10	Thonze ...	7,962	1	0·13	...	...	3	54	25	79	265·10
11	Zigon ...	6,365	...	...	...	...	5	21	16	37	262·41
12	Letpadan ...	12,160	2	0·16	...	...	...	38	31	69	257·46
13	Gyobingauk ...	7,675	3	0·39	...	...	2	47	23	70	300·43
14	Minhla ...	4,413	...	...	...	...	...	6	8	14	113·82
15	Nattalin ...	5,633	...	...	...	...	1	15	8	23	171·64
16	Syriam ...	15,070	8	0·53	...	...	8	44	44	88	181·07
17	Thongwa ...	8,976	...	...	...	...	4	31	35	66	217·11
18	Insein ...	20,487	8	0·39	...	...	3	59	49	108	271·36
19	Mingaladon Cantonment	3,910	...	...	...	...	1	5	4	9	173·08
20	Thamaing ...	5,645	...	...	...	...	3	15	29	44	349·21
21	Kamayut ...	7,256	...	...	...	...	2	43	27	70	378·38
22	Thingangyun ...	7,984	...	...	...	...	...	28	11	39	242·24
23	Kanbe ...	6,575	...	...	...	...	1	23	32	55	276·38
24	Prome ...	28,295	4	0·14	1	0·04	13	146	142	288	268·91
25	Shwedaung ...	8,408	...	...	...	...	2	19	18	37	116·72
26	Paungdè ...	13,479	3	0·22	...	...	1	54	43	97	204·64
IRRAWADDY DIVISION.											
27	Bassein ...	45,662	9	0·20	...	...	13	237	186	423	308·08
28	Ngathainggyaung ...	5,380	...	...	...	...	1	21	25	46	265·90
29	Kyônpyaw ...	5,866	...	...	...	...	1	20	10	30	160·43
30	Henzada ...	28,542	1	0·04	...	...	13	120	83	203	266·75
31	Myanaung ...	9,072	2	0·22	...	...	3	31	35	66	214·98
32	Kyangin ...	6,780	...	...	...	...	1	32	20	52	261·31
33	Myaungmya ...	7,773	2	0·26	...	...	...	38	33	71	262·96
34	Wakèma ...	9,359	5	0·53	...	...	2	45	44	89	319·00
35	Moulmeingyun ...	7,747	2	0·26	...	...	5	49	34	83	408·87
36	Maubin ...	8,897	1	0·11	...	...	5	47	49	96	356·88
37	Yandoon ...	9,925	2	0·20	...	...	5	33	33	66	270·49
38	Danubyu ...	6,334	...	...	...	...	2	34	32	66	285·71
39	Pyapon ...	12,338	...	...	...	...	6	39	30	69	255·56
40	Kyaiklat ...	10,658	1	0·09	...	...	4	54	44	98	293·41
TENASSERIM DIVISION.											
41	Thatôn ...	16,851	3	0·18	...	...	10	74	69	143	254·90
42	Kyaikto ...	6,611	1	0·15	...	...	4	34	24	58	364·78
43	Moulmein ...	65,506	7	0·11	1	0·02	32	207	164	371	198·61
44	Kawkareik ...	6,575	1	0·15	...	...	2	58	45	103	369·18
45	Tavoy ...	29,018	...	...	...	...	17	89	101	190	221·45

STATEMENT VI-B (a).—Supplement to Annual Statement VI-B, 1933—concl'd.

No.	Divisions and Towns.	Population Census (1931.)	Other Causes								
			24		25		26	27			28
			Cancer.		Whooping Cough.		Deaths from Child-birth.	Deaths under one year.			Mortality Infant Rate.
		Death.	Ratio.	Death.	Ratio.		Male.	Female.	Total.		
TENASSERIM DIVISION —concl'd.											
46	Mergui ...	20,405	4	0·20	...	...	13	86	101	187	269·45
47	Toungoo ...	23,223	4	0·17	...	...	9	47	36	83	116·08
48	Shwegyin ...	5,876	1	0·17	...	...	5	18	19	37	185·00
49	Pyu ...	7,807	2	0·26	1	0·13	4	43	25	68	241·13
MAGWE DIVISION.											
50	Thayetmyo ...	9,279	...	...	...	...	4	65	64	129	356·35
51	Allanmyo ...	12,511	...	...	2	0·16	5	69	53	122	271·11
52	Minbu ...	6,005	1	0·17	...	...	1	46	27	73	293·17
53	Salin ...	6,654	1	0·15	...	...	7	53	46	99	399·19
54	Magwe ...	8,209	2	0·24	...	...	2	51	52	103	302·05
55	Taungdwingyi ...	8,339	2	0·24	...	...	2	93	89	182	444·99
56	Yenangyaung ...	11,098	2	0·18	...	...	8	63	71	134	287·55
57	Chauk ...	12,830	...	...	...	...	2	56	52	108	360·00
58	Pakôkku ...	23,115	...	...	...	...	15	172	138	310	405·23
MANDALAY DIVISION.											
59	Mandalay ...	134,950	24	0·18	1	0·01	64	1,105	924	2,029	257·06
60	Mandalay Cantonment	12,982	...	...	...	...	1	70	71	141	447·62
61	Maymyo ...	16,586	6	0·36	...	...	2	78	74	152	210·24
62	Maymya Cantonment	4,749	1	0·21	...	...	...	12	17	29	228·35
63	Myitngè ...	5,682	1	0·18	...	...	...	24	15	39	351·35
64	Kyauksè ...	7,353	...	...	...	...	...	61	45	106	365·52
65	Meiktila ...	8,830	...	...	...	...	1	80	58	138	366·05
66	Myingyan ...	25,457	3	0·12	...	...	24	232	238	470	460·78
67	Nyaung-u ...	8,118	2	0·25	...	...	4	47	47	94	403·43
68	Yamethin ...	9,291	...	...	...	...	2	64	40	104	278·07
69	Pyinmana ...	17,656	3	0·17	...	...	10	94	82	176	230·37
70	Pyawbwè ...	5,783	...	...	...	...	5	51	51	102	425·00
SAGAING DIVISION.											
71	Shwebo ...	11,286	...	...	...	...	1	93	74	167	339·43
72	Ye-u ...	3,739	...	...	...	...	2	36	23	59	418·44
73	Sagaing ...	14,127	...	...	...	...	3	102	78	180	294·60
74	Myinmu ...	5,072	...	...	...	...	2	48	38	86	457·45
75	Mônýwa ...	10,800	...	...	...	...	7	88	68	156	331·21
Total of Towns, Burma		1,412,601	204	0·14	9	0·01	483	6,851	5,776	12,627	275·94
Towns for which corresponding Rural figures are not given in VI-A.											
1	Bhamo ...	8,011	1	0·12	...	...	4	28	34	62	233·96
2	Myitkyina ...	7,328	...	...	...	...	4	24	19	43	155·80
3	Mawlaik ...	2,278	...	...	...	...	2	6	8	14	152·17
4	Lash'o ...	4,638	...	...	...	...	1	12	15	27	176·47
5	Taunggyi ...	8,652	1	0·12	...	...	...	37	32	69	197·14
6	Kalaw ...	3,621	...	...	...	...	1	10	6	16	210·53

ANNUAL STATEMENT NO. VII.—Deaths registered from Cholera in the

1 No.	2 Divisions and Districts,	3 Circles of Registration.		4 Village-tracts.		January.	February.	March.	April.	May.	June.
		Number in each district.	Number from which deaths from cholera were reported.	Number in each district.	Number from which deaths from cholera were reported.						
ARAKAN DIVISION.											
1	Akyab ...	10	5	719	10	...	...	1	7	13	4
2	Kyaukpyu ...	6	...	265	...	...	...	...	...	...	...
3	Sandoway ...	6	...	153	...	...	...	...	...	...	...
PEGU DIVISION.											
4	Rangoon ...	2	1	2	1	...	...	1	1	1	...
5	Pegu ...	19	1	410	1	...	...	...	...	...	...
6	Tharrawaddy ...	16	...	480	...	...	...	...	...	...	...
7	Hanthawaddy ...	9	...	467	...	...	...	...	...	...	...
8	Insein ...	10	...	312	...	...	...	...	...	...	...
9	Prome ...	14	1	345	1	...	...	...	...	...	...
IRRAWADDY DIVISION.											
10	Bassein ...	14	8	571	17	...	...	...	...	...	...
11	Henzada ...	9	...	466	...	...	...	...	...	...	...
12	Myaungmya ...	8	8	517	135	1	...	...	...	...	40
13	Maubin ...	7	3	271	11	...	...	...	...	...	...
14	Pyapôn ...	6	6	327	58	...	...	...	...	...	1
TENASSERIM DIVISION.											
15	Thatôn ...	13	3	373	7	...	...	...	...	2	10
16	Amherst ...	10	3	334	3	...	...	...	...	2	...
17	Tavoy ...	6	...	170	...	...	...	...	...	...	...
18	Mergui ...	6	4	139	18	...	...	...	17	25	39
19	Toungoo ...	11	2	531	2	...	...	...	...	1	...
MAGWE DIVISION.											
20	Thayetmyo ...	8	...	501	...	...	...	...	...	...	...
21	Minbu ...	10	...	350	...	...	...	...	...	...	...
22	Magwe ...	10	...	428	...	...	...	...	...	...	...
23	Pakôkku ...	9	...	619	...	...	...	...	...	...	...
MANDALAY DIVISION.											
24	Mandalay ...	12	...	306	...	...	...	...	...	...	...
25	Kyauksè ...	5	...	249	...	...	...	...	...	...	...
26	Meiktila ...	5	1	297	1	...	...	...	...	...	...
27	Myingyan ...	9	...	450	...	...	...	...	...	...	...
28	Yamèthin ...	12	...	348	...	...	...	...	...	...	...
SAGAING DIVISION.											
29	Shwebo ...	10	...	549	...	...	...	...	...	...	...
30	Sagaing ...	8	...	287	...	...	...	...	...	...	...
31	Lower Chindwin ...	8	1	351	1	...	...	...	...	...	...
	Total ...	288	47	11,587	266	1	...	2	25	44	94

Districts of Burma during each month of the year 1934. (Paragraphs 17 and 18).

5						6			7			8	9
July.	August.	September.	October.	November.	December.	Total.			Ratio of deaths per 1,000 of population.			Mean ratio per 1,000 of previous five years.	No.
						Males.	Females.	Total.	Males.	Females.	Total.		
...	...	...	..	...	...	16	9	25	0.05	0.03	0.04	0.73	1
...	...	...	...	...	...	...	...	...	...	...	...	0.20	2
...	...	...	...	...	...	...	...	...	...	...	...	0.03	3
...	...	...	...	...	1	4	...	4	0.01	...	0.01	0.05	4
...	...	...	1	...	...	1	...	1	0.00	...	0.00	0.14	5
...	...	...	...	...	...	...	...	...	...	...	...	0.04	6
...	...	...	...	...	...	...	...	...	...	...	...	0.05	7
...	...	...	...	...	...	...	...	...	...	...	...	0.06	8
...	1	...	...	...	..	1	...	1	0.00	...	0.00	0.02	9
...	...	...	...	25	40	41	24	65	0.14	0.09	0.11	0.33	10
...	...	...	...	...	...	...	...	...	...	...	...	0.15	11
6	2	3	48	102	128	201	129	330	0.85	0.62	0.74	0.26	12
...	...	...	4	2	14	8	12	20	0.04	0.07	0.05	0.27	13
5	1	...	13	72	165	154	103	257	0.86	0.67	0.77	0.40	14
...	3	...	...	...	...	10	5	15	0.04	0.02	0.03	0.09	15
1	...	...	...	...	...	2	1	3	0.01	0.00	0.01	0.10	16
...	...	...	...	...	...	...	...	...	...	...	...	...	17
10	6	...	...	...	...	60	37	97	0.70	0.48	0.60	0.12	18
...	...	1	...	...	...	1	1	2	0.00	0.00	0.00	0.04	19
...	...	...	...	...	...	...	...	...	...	...	...	0.01	20
...	...	...	...	...	...	...	...	...	...	...	...	0.34	21
...	...	...	...	...	...	...	...	...	...	...	...	0.03	22
...	...	...	...	...	...	...	...	...	...	...	...	0.19	23
...	...	...	...	...	...	...	...	...	...	...	...	0.24	24
...	...	...	...	...	...	...	...	...	...	...	...	0.47	25
...	1	...	...	...	...	...	1	1	...	0.01	0.00	0.08	26
...	...	...	...	...	...	...	...	...	...	...	...	0.12	27
...	...	...	...	...	...	...	...	...	...	...	...	0.01	28
...	...	...	...	...	...	...	...	...	...	...	...	0.10	29
...	...	...	...	...	...	...	...	...	...	...	...	0.46	30
1	...	...	...	...	...	1	...	1	0.01	...	0.00	0.19	31
23	14	4	66	201	348	500	322	822	0.08	0.05	0.07	0.18	

ANNUAL STATEMENT NO. VIII.—Deaths registered from Small-pox in the

1 No.	2 Divisions and Districts.	3 Circles of Registration.		4 Village-tracts.		5						
		Number in each district.	Number from which deaths from small-pox were reported.	Number in each district.	Number from which deaths from small-pox were reported.	January.	February.	March.	April.	May.	June.	July.
ARAKAN DIVISION.												
1	Akyab ...	10	...	719	...	...	...	...	..	...	...	...
2	Kyaukpyu ...	6	1	265	1	...	...	1	...	...	...	...
3	Sandoway ...	6	3	153	4	1	4	9	5	2	2	...
PEGU DIVISION.												
4	Rangoon ...	2	1	2	1	5	4	17	23	14	5	3
5	Pegu ...	19	3	410	3	...	...	...	...	5	1	...
6	Tharrawaddy ...	16	7	480	10	5	4	4	5	2	...	...
7	Hanthawaddy ...	9	6	467	15	3	3	...	1	1	...	...
8	Insein ...	10	7	312	23	...	3	1	5	1	1	2
9	Prone ...	14	5	345	6	1	1	8	5	8	3	1
IRRAWADDY DIVISION.												
10	Bassein ...	14	9	571	22	27	25	36	9	5	3	...
11	Henzada ...	9	6	466	15	...	1	1	1	6	6	3
12	Myaungmya ...	8	5	517	14	1	4	2	4	1	2	2
13	Maubin ...	7	4	271	18	7	3	1	6	9	3	1
14	Pyapôn ...	6	4	327	13	...	...	7	3	1	...	...
TENASSERIM DIVISION.												
15	Thatôn ...	13	1	373	1	1	...	...	...	...	...	...
16	Amherst ...	10	...	334	...	...	...	...	...	...	...	...
17	Tavoy ...	6	1	170	2	...	...	...	...	...	2	2
18	Mergui ...	6	1	139	2	...	...	...	...	...	...	...
19	Toungoo ...	11	4	531	6	...	...	...	...	1	...	2
MAGWE DIVISION.												
20	Thayetmyo ...	8	3	501	4	..	1	1	...	...	2	...
21	Minbu ...	10	8	350	38	12	17	16	5	10	2	...
22	Magwe ...	10	9	428	16	1	1	4	29	15	5	4
23	Pakôkku ...	9	5	619	24	...	...	3	31	49	46	10
MANDALAY DIVISION.												
24	Mandalay ...	12	8	306	24	5	16	67	205	177	74	22
25	Kyauksè ...	5	4	249	11	...	3	3	14	5	9	3
26	Meiktila ...	5	1	297	1	...	...	...	...	1	...	...
27	Myingyan ...	9	4	450	19	...	...	1	13	9	1	...
28	Yamèthin ...	12	2	348	2	1	1	...	...	1	1	1
SAGAING DIVISION.												
29	Shwebo ...	10	8	549	30	...	...	3	6	7	3	6
30	Sagaing ...	8	8	287	88	3	10	36	76	31	6	2
31	Lower Chindwin ...	8	6	351	21	2	12	6	9	9	6	...
Total, Burma ...		288	134	11,587	434	75	113	227	455	370	183	64

Districts of Burma during each month of the year 1934. (Paragraphs 17 and 20.)

					6			7		8			9	10
					Total.			Number of these deaths among children.		Ratio of deaths per 1,000 of population.			Mean ratio per 1,000 of previous five years.	No.
August.	September.	October.	November.	December.	Males.	Females.	Total.	Under 1 year.	One and under 10 years.	Males.	Females.	Total.		
...	...	...	...	...	...	...	...	...	...	...	...	...	0.37	1
...	...	...	...	...	1	...	1	...	...	0.01	...	0.00	0.03	2
2	...	...	...	...	12	13	25	3	5	0.19	0.20	0.19	0.07	3
...	...	1	2	1	42	33	75	9	18	0.15	0.26	0.19	0.29	4
...	...	...	...	...	5	1	6	...	2	0.02	0.00	0.01	0.01	5
...	...	...	...	...	14	6	20	2	5	0.06	0.02	0.04	0.08	6
1	1	1	2	2	15	...	15	...	...	0.07	...	0.04	0.03	7
...	1	5	5	6	18	12	30	...	5	0.10	0.08	0.09	0.10	8
2	...	...	...	...	16	13	29	2	11	0.08	0.06	0.07	0.07	9
...	...	...	...	...	64	41	105	14	23	0.22	0.15	0.18	0.09	10
1	2	...	...	...	12	9	21	1	2	0.04	0.03	0.03	0.08	11
...	2	...	...	...	8	10	18	...	6	0.03	0.05	0.04	0.09	12
1	...	2	...	...	24	9	33	5	3	0.13	0.05	0.09	0.05	13
1	...	1	...	...	5	8	13	...	4	0.03	0.05	0.04	0.07	14
...	...	...	...	...	1	...	1	...	1	0.00	...	0.00	0.03	15
...	...	...	...	...	...	...	...	...	...	...	...	...	0.12	16
...	...	...	...	...	3	1	4	1	...	0.03	0.01	0.02	0.01	17
...	...	...	3	...	1	2	3	...	...	0.01	0.03	0.02	0.00	18
...	1	...	1	2	4	3	7	...	4	0.02	0.01	0.02	0.08	19
...	...	...	3	...	4	3	7	1	...	0.03	0.02	0.03	0.13	20
...	...	...	...	2	33	31	64	4	4	0.24	0.22	0.23	0.04	21
5	...	...	...	1	36	29	65	2	9	0.14	0.12	0.13	0.04	22
11	4	...	1	5	91	69	160	...	...	0.38	0.27	0.32	0.03	23
6	1	...	...	...	304	269	573	97	236	1.59	1.50	1.54	0.57	24
1	...	...	...	...	19	19	38	4	7	0.25	0.25	0.25	0.11	25
...	...	...	...	...	1	...	1	...	...	0.01	...	0.00	0.03	26
...	...	...	3	...	14	13	27	...	...	0.06	0.05	0.06	0.34	27
2	...	...	...	...	5	2	7	...	3	0.03	0.01	0.02	0.08	28
4	...	...	2	2	21	12	33	2	8	0.10	0.05	0.07	0.14	29
1	6	1	...	2	108	66	174	4	5	0.68	0.37	0.52	0.25	30
1	1	...	...	...	28	18	46	4	11	0.16	0.09	0.12	0.16	31
39	19	11	22	23	909	692	1,601	155	372	0.15	0.12	0.13	0.12	

ANNUAL STATEMENT NO. IX.—Deaths registered from Fevers in the

1 No.	2 Divisions and Districts.	3 Circles of Registration.		4 Village-tracts.		5					
		Number in each district.	Number from which deaths from fevers were reported.	Number in each district.	Number from which deaths from fevers were reported.	January.	February.	March.	April.	May.	June.
ARAKAN DIVISION.											
1	Akyab ...	10	10	719	595	743	533	474	601	591	571
2	Kyaukpyu ...	6	6	265	205	195	125	94	112	99	85
3	Sandoway ...	6	6	153	153	183	124	102	105	91	88
PEGU DIVISION.											
4	Rangoon ...	2	2	2	2	29	25	18	14	20	14
5	Pegu ...	19	19	410	380	147	109	143	136	135	170
6	Tharrawaddy ...	16	16	480	480	264	306	339	262	225	306
7	Hanthawaddy ...	9	9	467	467	146	111	133	151	141	138
8	Insein ...	10	10	312	312	139	193	155	180	109	125
9	Prome ...	14	14	345	345	444	344	448	266	402	416
IRRAWADDY DIVISION.											
10	Bassein ...	14	14	571	571	149	176	207	270	215	288
11	Henzada ...	9	9	466	461	276	200	247	243	328	344
12	Myaungmya ...	8	8	517	499	195	144	155	225	160	195
13	Maubin ...	7	7	271	271	71	92	104	250	182	203
14	Pyapôn ...	6	6	327	327	172	154	219	221	186	173
TENASSERIM DIVISION.											
15	Thatôn ...	13	13	373	277	326	192	184	401	276	203
16	Amherst ...	10	10	334	334	151	178	120	147	156	190
17	Tavoy ...	6	6	170	170	190	114	115	130	130	333
18	Mergui ...	6	6	139	139	104	77	109	109	141	145
19	Toungoo ...	11	11	531	531	216	259	266	259	256	215
MAGWE DIVISION.											
20	Thayetmyo ...	8	8	501	400	77	67	103	97	105	120
21	Minbu ...	10	10	350	350	478	293	282	311	229	172
22	Magwe ...	10	10	428	424	375	262	286	365	294	214
23	Pakôkku ...	9	9	619	619	512	413	456	451	380	289
MANDALAY DIVISION.											
24	Mandalay ...	12	12	306	283	312	262	257	205	187	143
25	Kyauksè ...	5	5	249	249	101	110	100	162	108	92
26	Meiktila ...	5	5	297	297	196	100	162	235	151	107
27	Myingyan ...	9	9	450	165	152	119	99	208	134	95
28	Yamèthin ...	12	12	348	301	311	186	195	173	180	152
SAGAING DIVISION.											
29	Shwebo ...	10	10	549	549	754	489	708	482	393	339
30	Sagaing ...	8	8	287	261	333	280	272	255	229	158
31	Lower Chindwin ...	8	8	351	333	382	335	418	381	287	230
	Total, Burma ...	288	288	11,587	10,750	8,123	6,372	6,970	7,407	6,520	6,313

Districts of Burma during each month of the year 1934. (Paragraphs 17 and 24.)

July.	August.	September.	October.	November.	December.	6			7			8	9
						Total.			Ratio of deaths per 1,000 of population.			Mean ratio per 1,000 of previous five years.	No.
						Males.	Females.	Total.	Males.	Females.	Total.		
889	875	650	748	630	605	4,119	3,791	7,910	12.17	12.77	12.45	11.02	1
198	152	129	116	97	86	708	780	1,488	6.57	6.93	6.75	7.65	2
163	126	92	132	108	123	726	711	1,437	11.31	10.93	11.12	9.90	3
22	21	9	16	13	17	167	51	218	0.62	0.39	0.54	0.88	4
250	195	250	166	145	302	1,304	844	2,148	5.13	3.58	4.39	4.23	5
411	405	335	296	376	666	2,135	2,056	4,191	8.45	8.04	8.24	6.25	6
196	146	138	170	130	183	1,032	751	1,783	4.71	3.95	4.36	4.12	7
201	129	98	113	161	238	1,035	806	1,841	5.90	5.17	5.55	5.36	8
463	479	485	355	358	528	2,499	2,489	4,988	12.30	12.00	12.15	9.87	9
279	302	308	364	388	297	1,713	1,530	3,243	5.87	5.48	5.68	4.98	10
356	400	307	287	410	419	1,910	1,907	3,817	6.29	6.16	6.22	4.51	11
337	229	195	457	378	355	1,699	1,326	3,025	7.21	6.34	6.80	3.73	12
323	306	306	243	238	80	1,312	1,086	2,398	6.95	5.94	6.45	2.92	13
174	164	249	131	199	201	1,272	971	2,243	7.08	6.28	6.71	5.40	14
667	431	282	694	333	269	2,281	1,977	4,258	8.30	7.67	7.99	4.36	15
207	195	210	156	154	234	1,210	888	2,098	4.47	3.62	4.06	3.41	16
177	250	170	153	206	363	1,234	1,097	2,331	13.32	12.56	12.95	11.72	17
169	195	115	233	191	148	911	825	1,736	10.68	10.75	10.72	9.89	18
346	312	294	246	411	318	1,883	1,515	3,398	8.56	7.26	7.92	6.37	19
90	154	142	116	152	165	680	708	1,388	5.02	5.11	5.06	7.85	20
282	378	334	317	470	526	2,094	1,978	4,072	15.32	14.01	14.65	14.69	21
330	328	272	279	431	342	2,022	1,756	3,778	8.06	7.06	7.56	5.23	22
561	640	523	483	437	440	2,777	2,808	5,585	11.52	10.88	11.19	12.31	23
251	221	222	252	285	333	1,588	1,342	2,930	8.28	7.46	7.88	8.10	24
123	104	136	125	124	128	748	665	1,413	9.99	8.70	9.34	12.59	25
97	121	78	163	112	151	918	755	1,673	6.24	4.64	5.40	5.54	26
147	189	114	134	207	148	904	842	1,746	3.95	3.45	3.69	2.69	27
230	262	192	365	373	296	1,562	1,353	2,915	8.04	6.89	7.46	7.44	28
439	574	489	590	829	893	3,545	3,434	6,979	16.55	14.76	15.62	15.97	29
209	209	251	246	323	271	1,608	1,428	3,036	10.06	8.11	9.04	6.74	30
313	371	316	300	369	399	2,117	1,984	4,101	11.86	9.68	10.70	11.06	31
8,900	8,863	7,691	8,446	9,038	9,524	49,713	44,454	94,167	8.04	7.51	7.78	6.89	

ANNUAL STATEMENT NO. X.—Deaths registered from Dysentery and Diarrhœa

1 No.	2 Divisions and Districts.	3 Circles of Registration.		4 Village-tracts.		January.	February.	March.	April.	May.	June.
		Number in each district.	Number from which deaths from dysentery and diarrhœa were reported.	Number in each district.	Number from which deaths from dysentery and diarrhœa were reported.						
ARAKAN DIVISION.											
1	Akyab ...	10	10	719	105	21	10	12	21	26	24
2	Kyaukpyu ...	6	6	265	10	4	3	5	7	9	5
3	Sandoway ...	6	3	153	26	2	...	5	9	7	2
PEGU DIVISION.											
4	Rangoon ...	2	1	2	1	41	25	28	28	51	61
5	Pegu ...	19	9	410	13	2	4	8	5	7	9
6	Tharrawaddy ...	16	15	480	99	15	3	7	19	13	14
7	Hanthawaddy ...	9	9	467	95	11	6	6	6	10	13
8	Insein ...	10	10	312	53	2	3	7	7	4	11
9	Prome ...	14	13	345	57	10	4	...	7	13	9
IRRAWADDY DIVISION.											
10	Bassein ...	14	14	571	122	9	3	4	14	16	24
11	Henzada ...	9	8	466	53	3	7	3	3	13	17
12	Myaungmya ...	8	8	517	142	10	13	9	18	14	34
13	Maubin ...	7	7	271	31	4	...	3	4	12	6
14	Pyapôn ...	6	6	327	54	23	47	30	21	24	32
TENASSERIM DIVISION.											
15	Thatôn ...	13	11	373	42	17	9	4	3	8	6
16	Amherst ...	10	10	334	107	15	12	11	17	12	34
17	Tavoy ...	6	6	170	22	2	...	3	...	1	2
18	Mergui ...	6	6	139	61	5	4	7	4	2	18
19	Toungoo ...	11	10	531	45	5	8	3	5	11	16
MAGWE DIVISION.											
20	Thayetmyo ...	8	5	501	21	2	...	...	1	1	6
21	Minbu ...	10	10	350	65	3	9	6	3	8	8
22	Magwe ...	10	9	428	10	4	7	5	45	38	26
23	Pakôkku ...	9	9	619	20	14	9	7	6	19	25
MANDALAY DIVISION.											
24	Mandalay ...	12	10	306	23	14	11	21	17	17	24
25	Kyauksè ...	5	5	249	33	8	10	10	2	1	...
26	Meiktila ...	5	5	297	23	4	4	2	6	5	5
27	Myingyan ...	9	8	450	20	7	8	6	7	8	16
28	Yamèthin ...	12	9	348	26	1	...	2	2	5	9
SAGAING DIVISION.											
29	Shwebo ...	10	9	549	64	8	...	9	12	12	8
30	Sagaing ...	8	8	287	20	1	3	10	3	7	9
31	Lower Chindwin ...	8	8	351	98	17	18	17	10	14	18
	Total, Burma ...	288	257	11,587	1,561	284	240	250	312	388	491

in the Districts of Burma during each month of the year 1934. (Paragraphs 17 and 26)

5						6			7			8	9
July.	August.	September.	October.	November.	December.	Total.			Ratio of deaths per 1,000 of population.			Mean ratio per 1,000 of previous five years.	No.
						Males.	Females.	Total.	Males.	Females.	Total.		
21	23	18	22	22	12	134	98	232	0.40	0.33	0.37	0.45	1
26	24	7	6	6	3	60	45	105	0.56	0.40	0.48	0.55	2
6	5	1	2	1	1	26	15	41	0.41	0.23	0.32	0.53	3
93	62	36	33	31	19	313	195	508	1.15	1.51	1.27	1.73	4
13	5	4	5	6	6	49	25	74	0.19	0.11	0.15	0.23	5
38	40	13	6	4	11	99	84	183	0.39	0.33	0.36	0.68	6
13	20	8	10	8	6	65	52	117	0.30	0.27	0.29	0.42	7
12	13	2	4	1	6	47	25	72	0.27	0.16	0.22	0.41	8
26	48	37	15	9	2	168	72	180	0.53	0.35	0.44	0.43	9
85	54	27	26	34	20	177	139	316	0.61	0.50	0.55	0.46	10
33	56	24	28	8	7	110	92	202	0.36	0.30	0.33	0.44	11
38	18	22	37	30	36	176	103	279	0.75	0.49	0.63	0.57	12
24	9	4	13	2	11	45	47	92	0.24	0.26	0.25	0.40	13
25	32	34	37	31	28	196	168	364	1.09	1.09	1.09	0.80	14
18	11	6	9	6	5	57	45	102	0.21	0.17	0.19	0.39	15
32	32	41	21	17	33	158	119	277	0.58	0.48	0.54	0.65	16
14	2	4	7	...	10	30	15	45	0.32	0.17	0.25	0.56	17
14	9	19	22	7	9	72	48	120	0.84	0.63	0.74	0.70	18
49	33	21	8	9	11	104	75	179	0.47	0.36	0.42	0.35	19
5	7	5	3	...	13	28	15	43	0.21	0.11	0.16	0.27	20
19	24	10	3	2	5	46	54	100	0.34	0.38	0.36	0.45	21
21	9	11	6	3	9	93	91	184	0.37	0.37	0.37	0.24	22
51	59	56	16	18	9	152	137	289	0.63	0.53	0.58	0.87	23
37	24	22	10	17	22	133	103	236	0.69	0.57	0.64	1.15	24
1	4	4	1	3	1	24	21	45	0.32	0.27	0.30	0.29	25
8	6	7	8	9	4	28	40	68	0.19	0.25	0.22	0.55	26
9	11	14	6	11	5	57	51	108	0.25	0.21	0.23	0.30	27
5	8	4	2	2	1	29	12	41	0.15	0.06	0.10	0.28	28
17	26	10	14	2	8	67	59	126	0.31	0.25	0.28	0.48	29
5	5	5	6	3	2	33	26	59	0.21	0.15	0.18	0.36	30
32	30	26	23	25	14	133	111	244	0.74	0.54	0.64	0.71	31
790	709	502	409	327	329	2,849	2,182	5,031	0.46	0.37	0.42	0.54	

ANNUAL STATEMENT NO. XI.—Deaths registered from Respiratory Diseases in

1 No.	2 Divisions and Districts.	3 Circles of Registration.		4 Village-tracts.		January.	February.	March.	April.	May.	June.
		Number in each district.	Number from which deaths from respiratory diseases were reported.	Number in each district.	Number from which deaths from respiratory diseases were reported.						
ARAKAN DIVISION.											
1	Akyab ...	10	10	719	139	87	60	46	53	40	43
2	Kyaukpyu ...	6	5	265	10	...	2	2	5	1	3
3	Sandoway ...	6	6	153	23	1	2	2	...	2	2
PEGU DIVISION.											
4	Rangoon ...	2	2	2	2	233	243	237	241	237	255
5	Pegu ...	19	4	410	36	13	17	23	15	17	16
6	Tharrawaddy ...	16	15	480	61	15	23	21	31	16	15
7	Hanthawaddy ...	9	7	467	149	13	17	10	21	42	23
8	Insein ...	10	8	312	56	15	13	9	10	12	14
9	Prome ...	14	5	345	5	31	26	26	25	27	23
IRRAWADDY DIVISION.											
10	Bassein ...	14	11	571	67	33	34	36	25	24	22
11	Henzada ...	9	8	466	22	25	18	42	14	38	23
12	Myaungmya ...	8	8	517	35	16	16	16	25	26	21
13	Maubin ...	7	7	271	43	15	15	8	12	9	6
14	Pyapôn ...	6	6	327	49	26	52	27	16	18	25
TENASSERIM DIVISION.											
15	Thatôn ...	13	10	373	36	35	31	29	9	18	23
16	Amherst ...	10	10	334	185	51	45	36	43	39	61
17	Tavoy ...	6	5	170	9	7	5	9	6	6	4
18	Mergui ...	6	6	139	21	1	5	5	8	7	6
19	Toungoo ...	11	6	531	10	12	16	15	12	13	13
MAGWE DIVISION.											
20	Thayetmyo ...	8	5	501	17	8	7	5	8	2	7
21	Minbu ...	10	9	350	16	6	4	9	11	9	6
22	Magwe ...	10	8	428	11	22	23	20	28	40	28
23	Pakôkku ...	9	7	619	22	21	20	32	21	8	3
MANDALAY DIVISION.											
24	Mandalay ...	12	9	306	9	100	78	142	109	100	82
25	Kyaukse ...	5	5	249	62	28	13	13	8	2	9
26	Meiktila ...	5	5	297	13	11	7	6	4	1	3
27	Myingyan ...	9	7	450	15	59	48	24	35	43	39
28	Yamêthin ...	12	9	348	77	41	30	16	37	22	47
SAGAING DIVISION.											
29	Shwebo ...	10	10	549	32	2	10	10	5	4	8
30	Sagaing ...	8	7	287	7	17	16	20	12	13	8
31	Lower Chindwin ...	8	8	351	231	153	155	146	110	123	139
	Total ...	288	228	11,587	1,470	1,097	1,051	1,042	959	959	977

the Districts of Burma during each month of the year 1934. (Paragraphs 17 and 27.)

5						6			7			8	9
July.	August.	September.	October.	November.	December.	Total.			Ratio of deaths per 1,000 of population.			Mean ratio per 1,000 of previous five years.	No.
						Males.	Females.	Total.	Males.	Females.	Total.		
71	118	80	101	81	64	500	344	844	1·48	1·16	1·33	0·98	1
4	3	4	1	2	1	17	11	28	0·16	0·10	0·13	0·14	2
2	1	2	7	7	7	16	19	35	0·25	0·29	0·27	0·19	3
241	299	265	223	243	323	1,924	1,116	3,040	7·10	8·63	7·59	7·68	4
27	18	23	23	14	28	134	100	234	0·53	0·42	0·48	0·46	5
29	20	23	30	24	31	144	134	278	0·57	0·52	0·55	0·65	6
14	24	18	9	13	20	131	93	224	0·60	0·49	0·55	0·37	7
23	13	10	12	13	21	98	67	165	0·56	0·43	0·50	0·46	8
29	25	34	24	21	25	183	133	316	0·90	0·64	0·77	1·21	9
39	44	59	52	31	40	253	186	439	0·87	0·67	0·77	1·00	10
29	38	25	23	24	25	180	144	324	0·59	0·47	0·53	0·53	11
27	24	18	26	24	36	150	125	275	0·64	0·60	0·62	0·54	12
14	11	13	12	22	30	93	74	167	0·49	0·40	0·45	0·54	13
26	31	30	34	25	28	163	175	338	0·91	1·13	1·01	0·68	14
19	15	23	14	16	26	131	127	258	0·48	0·49	0·48	0·38	15
53	65	81	80	53	73	416	264	680	1·54	1·08	1·32	1·30	16
6	10	2	7	10	16	68	20	88	0·73	0·23	0·49	0·73	17
6	6	8	10	4	5	34	37	71	0·40	0·48	0·44	0·92	18
15	17	13	20	11	11	112	56	168	0·51	0·27	0·39	0·45	19
5	6	3	1	14	16	58	24	82	0·43	0·17	0·30	0·42	20
9	6	10	12	14	13	63	46	109	0·46	0·33	0·39	0·39	21
34	16	27	39	35	30	154	188	342	0·61	0·76	0·68	0·49	22
6	14	5	19	28	29	114	92	206	0·47	0·36	0·41	0·57	23
101	72	103	109	114	124	709	525	1,234	3·70	2·92	3·32	3·82	24
6	3	1	2	7	7	57	42	99	0·76	0·55	0·65	0·33	25
5	5	5	7	5	5	39	25	64	0·26	0·15	0·21	0·36	26
25	26	33	42	40	33	227	220	447	0·99	0·90	0·95	0·77	27
14	14	12	17	14	18	161	121	282	0·83	0·62	0·72	0·67	28
3	8	3	8	5	8	47	27	74	0·22	0·12	0·17	0·40	29
11	14	12	13	10	14	77	83	160	0·48	0·47	0·48	0·36	30
233	253	204	158	145	101	1,013	907	1,920	5·67	4·43	5·01	2·42	31
1,126	1,219	1,149	1,135	1,069	1,208	7,466	5,525	12,991	1·21	0·93	1·07	1·01	

ANNUAL STATEMENT NO. XII.—Deaths registered from Plague in the

1. No.	2 Divisions and Districts.	3 Circles of Registration.		4 Village-tracts.		January.	February.	March.	April.	May.	June.
		Number in each district.	Number from which deaths from Plague were reported.	Number in each district.	Number from which deaths from Plague were reported.						
ARAKAN DIVISION.											
1	Akyab ...	10	...	719	...	...	...	...	...	...	...
2	Kyaukpyu ...	6	...	265	...	...	...	...	...	...	...
3	Sandoway ...	6	...	153	...	...	...	...	...	...	...
PEGU DIVISION.											
4	Rangoon ...	2	1	2	1	1	6	3	3	3	5
5	Pegu ...	19	8	410	8	17	13	7	3	...	1
6	Tharrawaddy ...	16	8	480	8	5	20	24	3	...	1
7	Hanthawaddy ...	9	1	467	1	...	...	21	3	3	...
8	Insein ...	10	1	312	6	...	...	1	1	2	...
9	Prome ...	14	3	345	3	3	8	22	...	...	...
IRRAWADDY DIVISION											
10	Bassein ...	14	4	571	4	11	20	17	7	...	4
11	Henzada ...	9	3	466	3	...	3	1	3	4	...
12	Myaungmya ...	8	2	517	2	3	3	4	1	4	1
13	Maubin ...	7	1	271	1	...	7	1	1	2	...
14	Pyapôn ...	6	...	327	...	...	...	...	...	...	...
TENASSERIM DIVISION.											
15	Thatôn ...	13	6	373	10	...	17	24	15	7	3
16	Amberst ...	10	1	334	1	...	...	...	...	...	...
17	Tavoy ...	6	...	170	...	...	...	...	...	...	...
18	Mergui ...	6	1	139	1	...	...	...	...	...	...
19	Toungoo ...	11	4	531	4	...	3	15	3	2	1
MAGWE DIVISION.											
20	Thayetmyo ...	8	3	501	5	...	...	6	...	...	...
21	Minbu ...	10	1	350	1	...	...	...	...	...	...
22	Magwe ...	10	9	428	16	23	25	36	5	...	...
23	Pakkôku ...	9	4	619	7	50	14	32	...	...	...
MANDALAY DIVISION.											
24	Mandalay ...	12	9	306	17	219	382	314	39	...	...
25	Kyauksè ...	5	1	249	2	...	...	12	...	...	...
26	Meiktila ...	5	5	297	31	12	13	14	2	...	...
27	Myingyan ...	9	7	450	22	66	53	23	4	1	...
28	Yamèthin ...	12	2	348	4	10	10	3	...	...	...
SAGAING DIVISION.											
29	Shwebo ...	10	4	549	8	...	...	18	...	...	...
30	Sagaing ...	8	5	287	22	9	39	22	3	...	...
31	Lower Chindwin ...	8	1	351	1	...	1	...	...	...	...
	Total ...	288	95	11,587	189	429	637	620	96	28	16

Districts of Burma during each month of the year 1934. (Paragraphs 17 and 22.)

5						6			7			8	9
July.	August.	September.	October.	November	December.	Total.			Ratio of deaths per 1,000 of population.			Mean ratio per 1,000 of previous five years.	No.
						Males.	Females.	Total.	Males.	Females.	Total.		
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	2
...	...	...	...	...	...	...	...	...	...	...	...	...	3
1	2	2	...	...	1	20	7	27	0.07	0.05	0.07	0.10	4
3	1	...	2	1	4	37	15	52	0.15	0.06	0.11	0.08	5
2	7	4	4	7	26	59	44	103	0.23	0.17	0.20	0.24	6
...	...	...	...	...	...	14	13	27	0.06	0.07	0.07	0.02	7
4	...	...	...	...	...	5	3	8	0.03	0.02	0.02	0.06	8
...	...	...	1	...	...	15	19	34	0.07	0.09	0.08	0.32	9
8	4	1	2	3	7	49	35	84	0.17	0.13	0.15	0.11	10
16	21	13	3	1	6	35	36	71	0.12	0.12	0.12	0.15	11
5	2	...	1	...	...	12	12	24	0.05	0.06	0.05	0.08	12
1	...	...	...	...	...	7	5	12	0.04	0.03	0.03	0.06	13
...	...	...	...	...	...	...	...	...	...	...	...	0.01	14
1	...	9	6	...	6	47	41	88	0.17	0.16	0.17	0.16	15
...	1	...	...	...	...	1	...	1	0.00	...	0.00	0.01	16
...	...	...	...	...	...	...	...	...	...	...	...	...	17
...	...	1	...	...	...	...	1	1	...	0.01	0.01	...	18
4	3	6	...	...	1	26	12	38	0.12	0.06	0.09	0.11	19
8	1	...	...	...	...	6	9	15	0.04	0.06	0.05	0.10	20
...	3	4	2	6	2	10	7	17	0.07	0.05	0.06	0.08	21
...	10	2	5	22	38	91	75	166	0.36	0.30	0.33	0.18	22
...	...	...	...	...	...	51	45	96	0.21	0.17	0.19	0.03	23
...	...	...	...	...	...	501	453	954	2.61	2.52	2.57	0.99	24
...	...	...	...	...	...	7	5	12	0.09	0.07	0.08	0.07	25
1	9	8	16	23	22	67	53	120	0.46	0.33	0.39	0.31	26
...	8	3	...	12	21	92	99	191	0.40	0.41	0.40	0.23	27
1	2	...	...	...	...	13	13	26	0.07	0.07	0.07	0.10	28
...	...	...	...	...	...	13	5	18	0.06	0.02	0.04	0.04	29
8	24	3	13	3	8	62	70	132	0.39	0.40	0.39	0.18	30
...	...	...	...	...	...	...	1	1	...	0.00	0.00	0.19	31
63	98	56	55	78	142	1,240	1,078	2,318	0.20	0.18	0.19	0.14	

VACCINATION

STATEMENT NO. I(a).—Showing particulars of Rural Vaccinations

No.	Divisions and Districts.	Population of districts according to Census of 1931.	Average number of Vaccinators employed throughout the year.	Total number of persons	
				(5)	(6)
(1)	(2)	(3)	(4)	Male.	Female.
ARAKAN DIVISION.					
1	Akyab	597,242	10	15,737	13,637
2	Arakan Hill Tracts ...	21,418	3	1,593	1,124
3	Kyaukpyu	216,000	6	7,200	6,777
4	Sandoway	125,175	3	3,499	3,085
PEGU DIVISION.					
5	Pegu	460,395	7	10,861	11,474
6	Tharrawaddy	456,980	10	15,695	16,849
7	Hanthawaddy	384,785	8	15,749	17,377
8	Insein	279,595	5	10,750	12,329
9	Prome	360,469	8	13,951	14,370
IRRAWADDY DIVISION.					
10	Bassein	514,135	11	21,351	22,744
11	Henzada	568,886	12	15,894	17,265
12	Myaungmya	419,905	12	16,885	18,126
13	Maubin	346,353	9	14,993	16,411
14	Pyapôn	311,162	8	18,442	19,386
TENASSERIM DIVISION.					
15	Salween	53,186	4	3,867	2,683
16	Thatôn	509,166	12	17,493	17,935
17	Amherst	444,152	8	12,601	13,196
18	Tavoy	150,946	4	5,720	6,526
19	Mergui	141,582	4	11,043	10,727
20	Toungoo	391,922	10	13,318	13,646

* Secondary operations

DEPARTMENT.

of Burma during the year 1934-35 (Paragraph 59).

vaccinated.	Average number of persons vaccinated by each Vaccinator.	Primary Vaccination.					Unknown.	No.
		Total.	Successful					
			Under one year.	One and under six years.	Total of all ages.			
(7)	(8)	(9)	(10)	(11)	(12)	(13)		
Total.								
29,374	2,937	20,521	2,667	13,176	18,170	927	1	
2,717	906	1,425	22	852	1,091	241	2	
13,977	2,330	10,053	1,734	4,667	8,506	555	3	
6,584	2,195	3,660	667	1,781	3,220	302	4	
22,335	3,191	16,378	4,362	8,506	14,982	1,393	5	
32,544	3,254	20,742	6,561	11,790	19,914	802	6	
33,126	4,141	19,699	4,686	11,326	18,633	714	7	
23,079	4,616	13,396	3,422	6,872	12,696	359	8	
28,321	3,540	18,422	6,594	8,994	17,915	283	9	
44,095	4,009	29,157	5,021	15,214	27,834	564	10	
33,159	2,763	26,082	7,525	15,783	25,313	669	11	
35,011	2,918	20,115	3,261	10,338	18,884	1,074	12	
31,404	3,489	20,216	5,576	11,124	19,785	415	13	
37,828	4,729	* 24,928	4,315	19,877	24,919	3	14	
6,550	1,638	* 3,295	131	370	2,622	569	15	
35,428	2,952	20,865	5,875	9,127	18,370	1,341	16	
25,797	3,225	21,002	4,650	8,908	19,176	1,264	17	
12,246	3,062	* 6,468	3,865	2,284	6,153	4	18	
21,770	5,443	* 11,823	1,439	5,369	11,331	214	19	
26,964	2,696	18,541	2,497	11,093	17,785	551	20	

included.

VACCINATION

STATEMENT NO. I (a).—Showing particulars of Rural Vaccinations

No.	Divisions and Districts.	Re-vaccination			Percentage of which the results
		Total.	Successful.	Unknown.	Primary.
(1)	(2)	(14)	(15)	(16)	(17)
ARAKAN DIVISION.					
1	Akyab	8,853	1,046	718	92·73
2	Arakan Hill Tracts	1,292	352	241	92·15
3	Kyaukpyu	3,924	1,139	465	89·56
4	Sandoway	2,924	346	410	95·89
PEGU DIVISION.					
5	Pegu	5,957	338	2,046	99·98
6	Tharrawaddy	11,802	2,686	3,643	99·87
7	Hanthawaddy	13,427	3,960	1,095	98·15
8	Insein	9,683	1,764	1,525	97·38
9	Prome	9,899	2,516	1,381	98·77
IRRAWADDY DIVISION.					
10	Bassein	14,938	4,185	3,257	97·35
11	Henzada	7,077	1,434	2,235	99·61
12	Myaungmya	14,896	3,087	2,953	99·18
13	Maubin	11,188	1,092	713	99·92
14	Pyapôn	12,906	1,999	514	99·98
TENASSERIM DIVISION.					
15	Salween	* 3,275	779	622	96·18
16	Thatôn	14,563	2,892	2,424	94·09
17	Amherst	4,795	520	609	97·15
18	Tavoy	5,811	3,582	415	95·19
19	Mergui	9,950	7,648	98	97·61
20	Toungoo	8,423	945	1,035	98·86

* Secondary operations
† The cost in column 20 includes one-third of the

DEPARTMENT.

of Burma during the year 1934-35 (Paragraphs 59 and 62)—contd.

successful cases in were known.					
Re-vaccination.	Persons success- fully vaccinated and re-vaccinated per 1,000 of population.	Total cost of Vaccina- tion Department. †	Number of all successful vaccinations and revaccinations performed by the Vaccination staff only.	Average cost of each successful case performed by the Vaccination staff.	No.
(18)	(19)	(20)	(21)	(22)	(1)
		Rs. A. P.		Rs. A. P.	
12·86	32·17	10,826 4 10	19,216	0 9 0	1
33·49	67·37	2,190 12 0	1,443	1 8 3	2
32·93	44·64	5,435 3 0	9,645	0 9 0	3
13·76	28·49	2,540 2 0	3,566	0 11 5	4
8·64	33·28	11,666 12 0	15,320	0 12 2	5
32·92	49·46	10,751 5 2	22,600	0 7 7	6
32·11	58·72	13,732 12 4	22,593	0 9 9	7
21·62	51·72	10,949 13 4	14,460	0 12 1	8
29·54	56·68	7,936 2 0	20,431	0 6 3	9
35·83	62·28	13,043 7 6	32,019	0 6 6	10
29·62	47·02	14,048 1 10	26,747	0 8 5	11
25·85	52·32	16,064 7 0	21,971	0 11 8	12
10·42	60·28	10,405 7 0	20,877	0 8 0	13
16·13	86·51	10,069 11 9	26,918	0 6 0	14
29·36	63·95	4,732 6 0	3,401	1 6 3	15
23·82	41·76	10,997 9 9	21,262	0 8 3	16
12·42	44·35	8,698 2 4	19,696	0 7 1	17
66·38	64·49	5,017 7 0	9,735	0 8 3	18
77·63	134·05	3,828 7 10	18,979	0 3 3	19
12·79	47·79	8,383 3 3	18,730	0 7 2	20

included.
pay and allowances of Public Health Inspectors who verified vaccinations.

VACCINATION

STATEMENT No. I(a).—*Showing particulars of Rural Vaccinations*

No.	Divisions and Districts.	Population of districts according to Census of 1931.	Average number of Vaccinators employed throughout the year.	Total number of persons	
				(5)	(6)
(1)	(2)	(3)	(4)	Male.	Female.
MAGWE DIVISION.					
21	Thayetmyo	252,387	7	9,347	10,338
22	Minbu	265,217	5	16,663	20,406
23	Magwe	459,097	7	25,693	27,460
24	Pakôkku	476,066	8	19,178	20,475
25	Chin Hills	171,237	6	30,980	32,674
MANDALAY DIVISION.					
26	Mandalay	196,687	5	9,583	9,549
27	Kyauksè	143,967	4	6,711	7,738
28	Meiktila	301,169	5	11,500	12,811
29	Myingyan	438,982	10	17,202	17,460
30	Yamèthin	358,090	5	7,731	8,648
SAGAING DIVISION.					
31	Bhamo	113,182	3	7,160	7,516
32	Myitkyina	164,196	3	3,293	3,109
33	Shwebo	431,765	11	18,360	21,753
34	Sagaing	316,766	6	18,934	24,997
35	Katha	254,170	6	11,138	11,184
36	Upper Chindwin	202,704	7	5,554	5,274
37	Lower Chindwin	372,634	7	12,852	14,861
TOTAL OF DISTRICTS		11,671,830	259	478,521	511,920

* Secondary operations

DEPARTMENT.

of Burma during the year 1934-35 (paragraph 59)—contd.

vaccinated.	Average number of persons vaccinated by each Vaccinator.	Primary Vaccination.					No.
		Total	Successful			Unknown.	
			Under one year.	One and under six years.	Total of all ages.		
(7)	(8)	(9)	(10)	(11)	(12)	(13)	
Total.							
19,685	2,812	14,967	4,643	8,893	13,536	1,108	21
37,069	7,414	* 12,500	2,725	6,335	10,232	1,674	22
53,153	7,593	22,554	8,337	12,804	21,141	1,229	23
39,653	4,957	18,898	5,600	7,667	15,919	915	24
63,654	10,609	* 35,226	986	6,968	24,658	4,526	25
19,132	3,826	* 6,746	1,384	2,082	3,829	2,542	26
14,449	3,612	* 5,222	2,453	2,499	5,139	48	27
24,311	4,862	11,051	2,895	5,318	8,643	1,710	28
34,662	3,466	* 21,483	8,419	7,227	17,073	2,998	29
16,379	3,276	14,432	4,656	6,380	12,376	1,190	30
14,676	4,892	5,533	948	2,788	4,367	1,166	31
6,402	2,134	3,811	176	1,780	2,532	1,094	32
40,113	3,647	17,023	3,312	9,856	14,002	1,587	33
43,931	7,322	13,238	3,968	6,914	11,351	1,067	34
22,322	3,720	10,691	1,770	5,452	9,130	1,316	35
10,828	1,547	8,015	2,603	3,848	7,228	147	36
27,713	3,959	13,595	5,721	5,914	11,934	768	37
990,441	3,824	561,773	135,466	280,176	500,389	37,329	

included.

VACCINATION

STATEMENT NO. I (a).—*Showing particulars of Rural Vaccinations*

No.	Divisions and Districts.	Re-vaccination.			Percentage of which the results
		Total.	Successful.	Unknown.	Primary.
(1)	(2)	(14)	(15)	(16)	(17)
MAGWE DIVISION.					
21	Thayetmyo	4,718	2,285	714	97·67
22	Minbu	25,054	8,226	7,361	94·51
23	Magwe	30,599	8,926	3,747	99·14
24	Pakôkku	20,755	4,107	1,477	88·52
25	Chin Hills	* 28,785	10,637	1,318	80·32
MANDALAY DIVISION.					
26	Mandalay	12,523	1,740	6,756	91·08
27	Kyaukse	9,247	3,263	1,122	99·32
28	Meiktila	13,260	1,996	1,843	92·53
29	Myingyan	13,551	1,411	5,271	92·36
30	Yamèthin	1,947	401	264	93·46
SAGAING DIVISION.					
31	Bhamo	* 9,874	3,947	5,196	100·00
32	Myitkyina	2,591	652	845	93·19
33	Shwebo	23,090	7,642	6,069	90·71
34	Sagaing	30,693	6,124	7,878	93·26
35	Katha	11,631	2,035	4,849	97·39
36	Upper Chindwin	2,813	1,488	109	91·87
37	Lower Chindwin	14,261	5,303	1,842	93·04
RURAL TOTAL ...		430,975	112,493	83,060	95·41

* Secondary operations

† The cost in column 20 includes one-third of the

DEPARTMENT.

of Burma during the year 1934-35 (Paragraphs 59 and 62)—concl'd.

successful cases in were known.	Persons success- fully vaccinated and re-vaccinated per 1,000 of population.	Total cost of Vaccina- tion Department.†			Number of all successful vaccinations and re-vaccinations performed by the Vaccination staff only.	Average cost of each successful case performed by the Vaccination staff.			No.
Re-vaccination.		(20)				(22)			
(18)	(19)	Rs.	A.	P.	(21)	Rs.	A.	P.	(1)
57·07	62·69	6,938	2	6	15,821	0	7	0	21
46·49	69·60	8,011	6	4	18,458	0	6	11	22
33·24	65·49	8,354	10	0	30,067	0	4	5	23
21·30	42·07	9,945	3	0	20,026	0	7	11	24
38·73	206·12	7,086	6	0	35,295	0	3	3	25
30·17	28·31	6,600	5	8	5,569	1	3	0	26
40·16	58·36	5,659	5	0	8,402	0	10	9	27
17·48	35·33	4,281	13	4	10,639	0	6	5	28
17·04	42·11	9,348	1	6	18,484	0	8	1	29
23·83	35·68	6,735	7	3	12,777	0	8	5	30
84·37	73·46	2,488	2	0	8,314	0	4	9	31
37·34	19·39	2,548	2	0	3,184	0	12	10	32
44·90	50·13	11,517	1	4	21,644	0	8	6	33
26·84	55·17	6,021	8	6	17,475	0	5	6	34
30·01	43·93	9,423	7	0	11,165	0	13	6	35
55·03	43·00	9,024	11	2	8,716	1	0	7	36
42·70	46·26	7 000	9	4	17,237	0	6	6	37
32·33	52·51	3,02,301	15	10	6,12,882	0	7	11	

included.
pay and allowances of Public Health Inspectors who varified vaccinations.

VACCINATION

STATEMENT NO. I (b)—Showing the particulars of Urban Vaccinations

No.	Divisions and Towns.	Population of towns according to Census of 1931.	Average number of vaccinators employed throughout the year.	Total number of persons	
				(5)	(6)
(1)	(2)	(3)	(4)	Male.	Female.
ARAKAN DIVISION.					
1	Akyab	38,094	2	6,070	277
2	Minbya	2,244	...	83	40
3	Kyaukpyu	4,232	...	122	105
4	Sandoway	4,070	1	305	287
PEGU DIVISION.					
5	Rangoon	398,967	21	90,875	28,178
6	Pegu	21,626	1	2,775	1,257
7	Nyaunglebin	7,790	1	845	610
8	Tharrawaddy	7,131	...	298	225
9	Thônze	7,962	1	257	217
10	Zigôn	6,365	1	96	98
11	Letpadan	12,160	1	209	202
12	Gyobingauk	7,675	1	112	124
13	Minhla	4,413	1	121	122
14	Nattalin	5,633	1	183	121
15	Syriam	15,070	2	4,546	1,012
16	Thôngwa	8,976	1	141	171
17	Insein	20,487	1	1,492	1,357
18	Thamaing	5,645	1 {	219	164
19	Kamayut	7,256		571	364
20	Thingangyun	7,984		271	310
21	Kanbe	6,575	1 {	324	279
22	Prome	28,295		2	1,153	988
23	Shwedaung	8,408	...	192	169
24	Paungdè	13,479	1	774	737
IRRAWADDY DIVISION.					
25	Bassein	45,662	3	1,688	1,381
26	Ngathainggyaung	5,380	...	90	89
27	Kyônpyaw	5,866	1	177	193

DEPARTMENT.

(excluding jails and ports) of Burma during the year 1934-35. (Paragraph 59).

vaccinated.	Average number of persons vaccinated by each vaccinator.	Primary Vaccination.				No.
		Total	Successful.			
			Under one year.	One and under six years.	Total of all ages.	
(7)	(8)	(9)	(10)	(11)	(12)	(1)
Total						
6,347	3,174	902	409	66	679	1
123	...	57	30	9	49	2
227	...	184	85	64	157	3
592	592	140	78	31	124	4
119,053	5,669	11,613	7,935	2,045	10,266	5
4,032	4,032	2,214	964	795	2,116	6
1,455	1,455	467	274	147	443	7
523	...	281	157	102	281	8
474	474	330	214	115	330	9
194	194	145	104	25	135	10
411	411	284	216	51	281	11
236	236	212	166	21	196	12
243	243	147	112	29	141	13
304	304	203	111	87	203	14
5,558	2,779	386	244	139	383	15
312	312	245	163	57	229	16
2,849	2,849	932	453	479	932	17
383	1,318	147	112	27	147	18
935		271	172	75	271	19
581		306	191	104	306	20
603	1,184	423	248	167	423	21
2,141	1,071	1,197	960	179	1,154	22
361	...	300	185	93	278	23
1,511	1,511	945	405	392	913	24
3,069	1,023	1,140	971	100	1,072	25
179	...	151	62	65	141	26
370	370	239	120	100	237	27

VACCINATION

STATEMENT NO. I(b)—Showing the particulars of Urban Vaccinations (excluding

No.	Divisions and Towns.	Primary Vaccination.		Re-vaccination.	
		Unknown.	Total.	Successful.	Unknown.
(1)	(2)	(13)	(14)	(15)	(16)
ARAKAN DIVISION.					
1	Akyab	172	5,445	1,334	2,989
2	Miubya	3	66	37	17
3	Kyaukpyu	7	43	20	4
4	Sandoway	6	452	174	28
PEGU DIVISION.					
5	Rangoon	1,179	107,440	14,889	42,785
6	Pegu	35	1,818	945	163
7	Nyaunglebin	20	988	279	63
8	Tharrawaddy ... ..	...	242	9	8
9	Thônze ... ..	...	144	46	98
10	Zigôn	10	49	9	20
11	Letpadan	3	127	22	39
12	Gyobingauk	12	24	10	6
13	Minhla	6	96	24	26
14	Nattalin ... ..	...	101	53	25
15	Syriam ... ..	...	5,172	283	94
16	Thôngwa	8	67	7	30
17	Insein ... ..	...	1,917	412	185
18	Thamaing ... ..	...	236	76	...
19	Kamayut ... ..	...	664	202	...
20	Thingangyun ... ..	...	275	74	...
21	Kanbe ... ..	...	180	45	...
22	Prome	1	944	521	2
23	Shwedaung	3	61	30	9
24	Paungdè	23	566	199	104
IRRAWADDY DIVISION.					
25	Bassein	68	1,929	460	490
26	Ngathainggyaung	2	28	15	4
27	Kyônpyaw	1	131	46	46

* The cost in column 20 includes one-third of the

DEPARTMENT.

jails and ports) of Burma during the year 1934-35. (Paragraphs 59 and 62).

Percentage of successful cases in which the results were known.		Persons successfully vaccinated and re-vaccinated per 1,000 of population.	Total cost of vaccination Department.	Number of all successful vaccinations and re-vaccinations performed by the vaccination staff only.	Average cost of each successful case performed by the vaccination staff.	No.
Primary.	Re-vaccination.					
(17)	(18)	(19)	(20)	(21)	(22)	(1)
			Rs. A. P.		Rs. A. P.	
93·01	54·32	52·84	1,919 6 0	2,013	0 15 3	1
90·74	75·51	38·32	136 1 0	86	1 9 4	2
88·70	51·28	41·82	161 5 0	177	0 14 7	3
92·54	41·04	73·22	341 3 6	298	1 2 4	4
98·39	23·03	63·05	37,318 15 0	25,155	1 7 9	5
97·11	57·10	141·54	607 4 0	3,061	0 3 2	6
99·11	30·16	92·68	731 0 0	722	1 0 2	7
100·00	3·85	40·67	298 9 5	290	1 0 6	8
100·00	100·00	47·22	482 14 6	376	1 4 7	9
100·00	31·03	22·62	880 10 6	144	6 1 10	10
100·00	25·00	24·92	746 2 6	303	2 7 5	11
98·00	55·56	26·84	497 0 0	206	2 6 7	12
100·00	34·29	37·39	486 2 0	165	2 15 2	13
100·00	69·74	45·45	1,254 9 0	256	4 14 5	14
99·22	5·57	44·19	230 2 0	666	0 5 6	15
96·62	18·92	26·29	536 14 0	236	2 4 5	16
100·00	23·79	65·60	1,215 9 0	1,344	0 14 6	17
100·00	32·20	39·50	571 1 0	223	2 9 0	18
100·00	30·42	65·19	742 4 0	473	1 9 1	19
100·00	26·91	47·60	761 11 0	380	2 0 1	20
100·00	25·00	71·18	544 4 0	468	1 2 7	21
96·49	55·31	59·20	2,341 13 0	1,675	1 6 4	22
93·60	57·69	36·63	295 4 0	308	0 15 4	23
99·02	43·07	82·50	1,090 8 0	1,112	0 15 8	24
100·00	31·97	33·55	1,818 9 6	1,532	1 3 0	25
94·63	62·50	29·00	602 15 0	156	3 13 10	26
99·58	54·12	48·24	797 8 0	283	2 13 1	27

pay and allowances of Public Health Inspectors who verified vaccinations.

VACCINATION

STATEMENT NO. I (b)—Showing the particulars of Urban Vaccination (excluding

No.	Divisions and Towns.	Population of towns according to Census of 1931.	Average number of vaccinators employed throughout the year.	Total number of persons	
				(5)	(6)
(1)	(2)	(3)	(4)	Male.	Female.
IRRAWADDY DIVISION—concl'd.					
28	Henzada	28,542	1	1,756	1,934
29	Myanaung	9,072	1	246	235
30	Kyangin	6,780	1	242	268
31	Myaungmya	7,773	1	301	215
32	Wakèma	9,359	1	642	487
33	Moulmeingyun	7,747	1	269	259
34	Maubin	8,897	1	337	342
35	Yandoon	9,925	1	530	254
36	Danubyu	6,334	1	644	502
37	Pyapôn	12,338	1	516	540
38	Kyaiklat	10,658	1	694	470
TENASSERIM DIVISION.					
39	Thatôn	16,851	1	616	287
40	Kyaikto	6,611	...	246	134
41	Moulmein	65,506	3	10,068	6,485
42	Kawkareik	6,575	...	83	99
43	Tavoy	29,018	2	521	531
44	Mergui	20,405	1	1,882	1,153
45	Toungoo	23,223	1	3,195	2,637
46	Shwegyin	5,876	1	226	232
47	Pyu	7,807	1	280	254
MAGWE DIVISION.					
48	Thayetmyo	9,279	1	223	239
49	Allanmyo	12,511	1	491	389
50	Minbu	6,005	1	415	206
51	Salin	6,654	...	740	782
52	Magwe	8,209	1	580	388

DEPARTMENT.

jails and ports) of Burma during the year 1934-35. (Paragraph 59).

vaccinated.	Average number of persons vaccinated by each vaccinator.	Primary Vaccination.				No.
		Total.	Successful.			
			Under one year.	One and under six years.	Total of all ages.	
(7)	(8)	(9)	(10)	(11)	(12)	(1)
Total.						
3,690	3,690	753	677	76	753	28
481	481	285	239	40	284	29
510	510	398	160	238	398	30
516	516	398	149	162	397	31
1,129	1,129	318	176	79	268	32
528	528	372	175	154	372	33
679	679	401	263	121	401	34
784	784	315	182	74	306	35
1,146	1,146	370	218	117	369	36
1,056	1,056	*866	348	485	833	37
1,164	1,164	618	180	165	582	38
903	903	512	418	25	443	39
380	...	166	125	33	166	40
16,553	5,518	1,858	1,671	18	1,742	41
182	...	165	127	25	152	42
1,052	526	920	800	60	860	43
3,035	3,035	814	511	174	780	44
5,832	5,832	*1,418	536	447	1,391	45
458	458	226	130	90	220	46
534	534	350	107	211	332	47
462	462	* 400	263	60	323	48
880	880	566	306	236	542	49
621	621	296	143	122	265	50
1,522	...	250	166	84	250	51
968	968	*299	180	85	265	52

operations included.

VACCINATION

STATEMENT NO. I(b)—Showing the particulars of Urban Vaccinations (excluding

No.	Divisions and Towns.	Primary Vaccination.		Re-vaccination.	
		Unknown.	Total.	Successful.	Unknown.
(1)	(2)	(13)	(14)	(15)	(16)
IRRAWADDY DIVISION—concl'd.					
28	Henzada ... ..	...	2,937	84	...
29	Myanaung ... ..	...	196	44	13
30	Kyangin ... ..	...	112	68	...
31	Myaungmya	1	118	28	1
32	Wakèma	44	811	131	470
33	Moulmeingyun ... ..	...	156	85	...
34	Maubin ... ..	...	278	31	4
35	Yandoon	1	469	127	3
36	Danubyu	1	776	61	6
37	Pyapôn	30	193	20	25
38	Kyaiklat	36	546	123	60
TENASSERIM DIVISION.					
39	Thatôn	13	391	121	137
40	Kyaikto ... ..	...	214	134	...
41	Moulmein	33	14,740	9,345	2,380
42	Kawkarcik	7	17	12	...
43	Tavoy ... ..	...	132	79	2
44	Mergui	8	2,221	1,029	15
45	Toungoo	15	4,421	1,336	136
46	Shwegyin	6	232	19	32
47	Pyu	9	184	44	15
MAGWE DIVISION.					
48	Thayetmyo	32	100	41	37
49	Allanmyo	5	314	46	11
50	Minbu ... ..	...	325	217	6
51	Salin ... ..	...	1,272	435	...
52	Magwe	32	670	14	132

* The cost in column 20 includes one-third of

DEPARTMENT.

jails and ports) of Burma during the year 1934-35. (Paragraphs 59 and 62).

Percentage of successful cases in which the results were known.		Persons successfully vaccinated and re-vaccinated per 1,000 of population.	Total cost of Vaccination Department.	Number of all successful vaccinations and re-vaccinations performed by the vaccination staff only.	Average cost of each successful case performed by the vaccination staff.	No.
Primary.	Re-vaccination.					
(17)	(18)	(19)	(20)	(21)	(22)	(1)
			Rs. A. P.		Rs. A. P.	
100·00	2·86	29·33	1,186 2 4	837	1 6 8	28
99·65	24·04	36·16	686 13 0	328	2 1 6	29
100·00	60·71	68·73	507 15 0	466	1 1 5	30
100·00	23·93	54·68	1,159 0 0	425	2 11 8	31
97·81	38·42	42·63	580 0 0	399	1 7 3	32
100·00	54·49	58·99	534 2 0	457	1 2 8	33
100·00	11·31	48·56	312 0 0	432	0 11 7	34
97·45	27·25	43·63	512 4 0	433	1 2 11	35
100·00	7·92	67·89	688 2 0	430	1 9 7	36
99·64	11·90	69·14	562 0 0	853	0 10 6	37
100·00	25·31	66·15	506 0 0	705	0 11 6	38
88·78	47·64	33·47	665 9 6	564	1 2 11	39
100·00	62·62	45·38	528 11 10	300	1 12 2	40
95·45	75·61	169·25	5,528 6 0	11,087	0 8 0	41
96·20	70·59	24·94	127 8 0	164	0 12 5	42
93·48	60·77	32·36	1,357 8 0	939	1 7 2	43
96·77	46·65	88·65	1,378 9 0	1,809	0 12 2	44
99·14	31·18	117·43	960 3 0	2,727	0 5 8	45
100·00	9·50	40·67	375 9 0	239	1 9 2	46
97·36	26·04	48·16	601 13 0	376	1 9 7	47
87·77	65·08	39·23	625 0 0	364	1 11 6	48
96·61	15·18	47·00	616 0 0	588	1 0 9	49
89·53	68·03	80·27	987 9 3	482	2 0 9	50
100·00	34·20	102·95	670 3 0	685	0 15 8	51
99·25	2·60	33·99	406 12 3	279	1 7 4	52

the pay and allowances of Public Health Inspectors who verified vaccinations.

VACCINATION

STATEMENT NO. I (b)—Showing particulars of Urban Vaccinations (excluding

No.	Divisions and Towns.	Population of towns according to Census of 1931.	Average number of vaccinators employed throughout the year.	Total number of persons	
				(5)	(6)
(1)	(2)	(3)	(4)	Male.	Female.
MAGWE DIVISION—concl'd.					
53	Taungdwingyi ...	8,339	1	357	383
54	Yenangyaung ...	11,098	1	891	790
55	Chauk ...	12,830	1	2,249	1,455
56	Pakôkku ...	23,115	1	2,873	1,646
MANDALAY DIVISION.					
57	Mandalay ...	134,950	4	41,366	37,000
58	Maymyo ...	16,586	1	929	833
59	Myitnge ...	5,682	...	1,102	520
60	Kyaukse ...	7,353	1	772	678
61	Meiktila ...	8,830	1	405	338
62	Myingyan ...	25,457	1	587	496
63	Nyaung-U ...	8,118	1	233	185
64	Yamèthin ...	9,291	1	450	354
65	Pyinmana ...	17,656	1	532	518
66	Pyawbwe ...	5,783	...	196	137
SAGAING DIVISION.					
67	Bhamo ...	8,011	1	1,034	670
68	Myitkyina ...	7,328	1	851	556
69	Shwebo ...	11,286	1	4,141	4,357
70	Ye-U ...	3,739	...	298	171
71	Sagaing ...	14,127	...	1,448	1,544
72	Myinmu ...	5,072	1	333	474
73	Mawlaik ...	2,278	...	78	74
74	Mônnya ...	10,800	1	326	205
Urban Total ...		1,407,129	90	201,183	111,783

* Secondary

DEPARTMENT.

jails and ports) of Burma during the year 1934-35. (Paragraph 59).

vaccinated. (7)	Average number of persons vaccinated by each vaccinator. (8)	Primary Vaccination.				No. (1)
		Total. (9)	Successful.			
			Under one year. (10)	One and under six years. (11)	Total of all ages. (12)	
Total						
740	740	582	324	187	511	53
1,681	1,681	575	338	231	569	54
3,704	3,704	852	302	398	700	55
4,519	4,519	1,552	499	309	1,449	56
78,366	19,592	* 8,401	6,626	1,532	8,180	57
1,762	1,762	* 654	505	90	597	58
1,622	...	65	40	25	65	59
1,450	1,450	* 329	177	117	294	60
743	743	378	272	96	368	61
1,083	1,083	* 791	453	122	671	62
418	418	213	157	45	202	63
804	804	477	368	93	461	64
1,050	1,050	857	584	182	766	65
333	...	232	113	85	198	66
1,704	1,704	478	155	315	470	67
1,407	1,407	521	144	209	400	68
8,498	8,498	710	527	100	650	69
469	...	127	51	57	119	70
2,992	...	467	307	87	399	71
807	807	290	187	72	275	72
152	...	129	61	49	111	73
531	531	346	277	22	299	74
312,966	3,477	56,221	35,864	13,368	52,335	

operations included.

VACCINATION

STATEMENT NO. I (b)—Showing particulars of Urban Vaccinations (excluding

No	Divisions and Towns.	Primary Vaccination.		Re-vaccination.	
		Unknown.	Total.	Successful.	Unknown.
(1)	(2)	(13)	(14)	(15)	(16)
MAGWE DIVISION—concl'd.					
53	Taungdwingyi	65	158	24	20
54	Yenangyaung	2	1,106	283	71
55	Chauk	134	2,852	91	1,250
56	Pakôkku	66	2,967	384	557
MANDALAY DIVISION.					
57	Mandalay	27	70,062	18,755	338
58	Maymyo	42	1,112	186	478
59	Myitngè ... ..	...	1,557	205	1,332
60	Kyauksè	7	* 1,125	261	148
61	Meiktila	10	365	57	51
62	Myingyan	71	321	9	52
63	Nyaung-U	11	205	41	164
64	Yamèthin	10	327	117	89
65	Pyinmana	54	193	44	77
66	Pyawbwe	29	101	35	50
SAGAING DIVISION.					
67	Bhamo	8	1,226	149	1,077
68	Myitkyina	110	886	164	588
69	Shwebo	32	7,788	2,841	2,498
70	Ye-U	4	342	40	11
71	Sagaing	18	2,525	1,209	288
72	Myinmu	10	517	242	68
73	Mawlaik	6	23	1	3
74	Mônnya	21	194	56	48
Urban Total ...		2,569	256,982	59,089	59,978

* Secondary
† The cost in column (20) includes one-third of

DEPARTMENT.

jails and ports) of Burma during the year 1934-35. (Paragraphs 59 and 62).

Percentage of successful cases in which the results were known.		Persons successfully vaccinated and re-vaccinated per 1,000 of population.	Total cost of Vaccination Department. †	Number of all successful vaccinations and re-vaccinations performed by the Vaccination staff only	Average cost of each successful case performed by the Vaccination staff.	No.
Primary.	Re-vaccination.					
(17)	(18)	(19)	(20)	(21)	(22)	(2)
			Rs. A. P.			
98·84	17·39	64·16	542 10 6	535	1 0 3	53
99·30	27·34	76·77	1,280 4 0	852	1 8 1	54
97·49	5·68	61·65	687 0 0	791	0 13 11	55
97·51	15·93	79·30	879 3 0	1,833	0 7 8	56
97·68	26·90	199·59	7,361 15 3	26,935	0 4 4	57
97·55	29·34	47·21	1,991 7 4	783	2 8 8	58
100·00	91·11	47·52	120 0 0	270	0 7 1	59
91·30	26·71	75·48	826 7 0	555	1 7 10	60
100·00	18·15	48·13	476 0 6	425	1 1 11	61
93·19	3·35	26·71	943 0 0	680	1 6 2	62
100·00	100·00	29·93	551 13 0	243	2 4 4	63
98·72	49·16	62·21	388 0 0	578	0 10 9	64
95·39	37·93	45·88	826 5 6	810	1 0 4	65
97·54	68·63	40·29	533 0 0	233	2 4 7	66
100·00	100·00	77·27	592 9 6	619	0 15 4	67
97·32	55·03	76·97	539 1 0	564	0 15 4	68
95·87	53·71	309·32	885 3 0	3,491	0 4 1	69
96·75	12·08	42·52	16 14 0	159	0 1 8	70
88·86	54·05	113·82	294 15 0	1,608	0 2 11	71
98·21	53·90	101·93	380 10 0	517	0 11 9	72
90·24	5·00	49·17	84 0 0	112	0 12 0	73
92·00	38·36	32·87	421 5 0	355	1 3 0	74
97·55	29·99	79·19	1,00,095 0 8	111,424	0 14 4	

operations included.
the pay and allowances of Public Health Inspectors who verified vaccinations.

VACCINATION

STATEMENT NO. I (c)—Showing particulars of Vaccinations in different

No.	Areas.	Population according to Census of 1931.	Average number of vaccinators employed throughout the year.	Total number of persons	
				(5)	(6)
(1)	(2)	(3)	(4)	(5)	(6)
	MILITARY CANTONMENTS.			Male.	Female.
1	Rangoon ...	1,448	...	329	108
2	Mingaladon ...	3,910	...	1,005	341
3	Mandalay ...	12,982	...	599	343
4	Maymyo ...	4,749	...	65	68
	Total of Cantonments ...	23,089	...	1,998	860
	Total of cases vaccinated by Railway Dispensary Staff.	...	...	1,057	575
	Total of cases vaccinated by other Dispensary Staff.	...	...	1,061	638
	Total of cases vaccinated by Private Medical Practitioners.	...	...	4,745	2,033
	Cost of Vaccine Depot, Meiktila	...	...	...	...
	Cost incurred in the Office of the D.P.H., Burma.	...	...	...	...
	Total of Districts ...	11,671,830	259	478,521	511,920
	Total of Towns ...	1,407,129	90	201,183	111,783
	GRAND TOTAL, BURMA ...	13,102,048	349	688,565	627,809
	FEDERATED SHAN STATES.				
	(a) <i>Districts excluding Towns.</i>				
1	Northern Shan States ...	631,469	21	18,606	18,648
2	Southern Shan States ...	916,718	20	21,354	18,549
	Total of Districts ...	1,548,187	41	39,960	37,197
	(b) <i>Towns.</i>				
1	Lashio ...	4,638	...	231	250
2	Taunggyi ...	8,652	1	278	246
3	Kalaw ...	3,621	1	236	227
	Total of Towns ...	16,911	2	745	723
	Vaccination by Civil Dispensary Staff.	...	...	331	179
	GRAND TOTAL, SHAN STATES	1,565,098	43	41,036	38,099

* Secondary

DEPARTMENT.

areas of Burma and States during the year 1934-35. (Paragraph 59).

vaccinated.	Average number of persons vaccinated by each vaccinator.	Primary Vaccination.				No.
		Total.	Successful.			
			Under one year.	One and under six years.	Total of all ages.	
(7)	(8)	(9)	(10)	(11)	(12)	(1)
Total.						
437	...	49	48	1	49	1
1,346	...	50	14	34	48	2
942	...	327	165	149	327	3
133	...	* 183	26	56	133	4
2,858	...	609	253	240	557	
1,632	...	646	117	127	360	
1,699	...	831	33	131	197	
6,778	...	1,369	216	549	1,107	
...	
...	
990,441	3,824	561,773	135,466	280,176	500,389	
312,966	3,477	56,221	35,864	13,368	52,335	
1,316,374	3,743	621,449	171,949	294,591	554,945	
37,254	1,774	25,385	2,610	9,620	22,161	1
39,903	1,995	31,591	1,249	14,301	25,344	2
77,157	1,882	56,976	3,859	23,921	47,505	
481	...	372	171	163	367	1
524	524	337	150	1:9	333	2
463	463	124	66	31	103	3
1,468	734	833	387	353	803	
510	...	216	43	129	196	
79,135	1,829	158,025	4,289	24,403	48,504	

operations included.

VACCINATION

STATEMENT NO. I (c)—*Showing particulars of Vaccinations in different*

No.	Areas.	Primary Vaccination.	Re-vaccination.		
		Unknown.	Total.	Successful.	Unknown.
(1)	(2)	(13)	(14)	(15)	(16)
MILITARY CANTONMENTS.					
1	Rangoon ...	...	388	237	...
2	Mingaladon ...	...	1,296	543	125
3	Mandalay ...	...	615	205	...
4	Maymyo ...	...	...	...	...
	Total of Cantonments ...	...	2,299	985	125
	Total of cases vaccinated by Railway Dispensary Staff.	270	986	598	345
	Total of cases vaccinated by other Dispensary Staff.	634	868	195	515
	Total of cases vaccinated by Private Medical Practitioners.	243	5,409	504	4,110
	Cost of Vaccine Depot, Meiktila	...	...	...	...
	Cost incurred in the Office of the D.P.H., Burma.	...	...	...	...
	Total of Districts ...	37,329	430,975	112,493	83,060
	Total of Towns ...	2,569	256,982	59,089	59,978
	GRAND TOTAL, BURMA ...	41,045	697,519	173,864	148,133
FEDERATED SHAN STATES.					
<i>(a) Districts excluding Towns.</i>					
1	Northern Shan States ...	2,859	11,869	7,474	1,768
2	Southern Shan States ...	5,742	8,312	1,668	1,721
	Total of Districts ...	8,601	20,181	9,142	3,489
<i>(b) Towns</i>					
1	Lashio ...	2	109	69	6
2	Taunggyi ...	...	187	45	2
3	Kalaw ...	13	339	51	36
	Total of Towns ...	15	635	165	44
	Vaccination by Civil Dispensary Staff.	20	294	118	129
	GRAND TOTAL, SHAN STATES	8,636	21,110	9,425	3,662

† The cost in column (20) includes one-third of the

DEPARTMENT.

areas of Burma and States during the year 1934-35. (Paragraphs 59 and 62).

Percentage of successful cases in which the results were known.		Persons successfully vaccinated and re-vaccinated per 1,000 of population.	Total cost of Vaccination Department. †	Number of all successful vaccinations and revaccinations performed by the Vaccination staff only.	Average cost of each successful case performed by the Vaccination staff.	No.
Primary	Re-vaccination.					
(17)	(18)	(19)	(20)	(21)	(22)	(1)
			Rs. A. P.		Rs. A. P.	
100·00	61·08	197·51	224 1 9	286	0 12 6	1
96·00	46·37	151·15	...	591	...	2
100·00	33·33	40·98	160 10 0	532	0 4 10	3
72·68	...	28·01	...	133	...	4
91·46	45·31	66·78	384 11 9	1,542	0 4 0	
95·74	93·29	...	...	...	...
100·00	55·24	...	...	...	...
98·31	38·86	...	...	...	...
...	...	...	29,962 13 3	...	...
...	...	...	889 11 0	...	...
95·41	32·33	52·51	3,02,301 15 10	612,882	0 7 11	
97·55	29·99	79·19	1,00,095 0 8	111,424	0 14 4	
95·61	31·65	55·63	4,33,634 4 6	725,848	0 9 7	
98·38	73·99	46·93	15,348 11 1	29,635	0 8 3	1
98·05	25·31	29·47	18,912 2 0	27,012	0 11 2	2
98·20	54·77	36·59	34,260 13 1	55,647	0 9 8	
99·19	66·99	94·01	...	436	...	1
98·81	24·32	43·69	407 0 9	378	1 1 3	2
92·79	16·83	42·53	71 2 8	154	0 7 5	3
98·17	27·92	57·24	478 3 5	968	0 7 11	
100·00	71·52	...	...	...	...
98·21	54·02	37·01	34,739 0 6	57,615	0 9 8	

pay and allowances of Public Health Inspectors who verified vaccinations.

VACCINATION SUMMARY

(1)	Total number of persons vaccinated.		Total number of operations performed.		Percentage of successful cases in which results were known.	
	Primary. (2)	Re-vacci- nation. (3)	Primary. (4)	Re-vacci- nation. (5)	Primary. (6)	Re-vacci- nation. (7)
<i>Vaccination</i>						
1. By Special Staff—						
(a) Districts (excluding towns).	560,384	430,057	561,773	430,975	95·41	32·33
(b) Towns ...	55,986	256,980	56,221	256,982	97·55	29·99
Total ...	616,370	687,037	617,994	687,957	95·61	31·49
2. By Railway Dispensary Staff						
	646	986	646	986	95·74	93·29
3. By Government Dispensary Staff						
	831	868	831	868	100·00	55·24
4. By Private Medical Practitioners.						
	1,369	5,409	1,369	5,409	98·31	38·86
5. By Cantonment Staff ...						
	559	2,299	609	2,299	91·46	45·31
6. Cost of Vaccine Depôt, Meiktila						

7. Cost incurred in the office of Director of Public Health, Burma.						

GRAND TOTAL ...	619,775	696,599	621,449	697,519	95·61	31·65
Shan States ...	57,809	20,816	57,809	20,816	98·20	53·85
By Civil Dispensary Staff ...	216	294	216	294	100·00	71·52
Shan States Total ...	58,025	1,110	58,025	21,110	98·21	54·02

DEPARTMENT.

(Paragraphs 59 and 62).

Average number of persons vaccinated by each vaccinator.		Number of children successfully vaccinated.		Ratio of successful vaccination per 1,000. population.	Total cost of Department.	Number of all successful vaccinations performed.	Average cost of each successful case.
Vaccinators employed.	Persons vaccinated by each vaccinator.	Under one year.	One year and under six years.				
(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
					Rs. A. P.		Rs. A. P.
259	3,824	135,466	280,176	52.51	3,02,301 15 10	6,12,882	0 7 11
90	3,477	35,864	13,368	79.19	1,00,095 0 8	1,11,424	0 14 4
349	3,735	171,330	293,544	55.38	4,02,397 0 6	7,24,306	0 8 11
...	...	117	127	...	...	...	...
...	...	33	13	...	...	...	...
...	...	216	549	...	...	...	...
...	...	253	240	66.78	384 11 9	1,542	0 4 0
...	...	...	...	...	29,962 13 3	...	...
...	...	...	...	...	889 11 0	...	...
349	3,743	171,949	294,591	55.63	4,33,634 4 6	7,25,848	0 9 7
43	1,829	4,246	24,274	36.81	34,739 0 6	57,615	0 9 8
...	...	43	129	...	...	...	...
43	1,829	4,289	24,403	37.01	34,739 0 6	57,615	0 9 8

VACCINATION

COMPARATIVE STATEMENT NO. II—*Showing the number of persons vaccinated in the Province of Burma in*

Establishments.	Persons prima									
	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.
	1925-26.		1926-27.		1927-28.		1928-29.		1929-30.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
Government.	5,673	3,850	5,141	3,745	7,770	5,922	10,137	8,478	10,972	7,444
Municipal	45,781	43,895	45,208	41,841	47,479	42,732	51,565	47,819	49,272	45,680
Local Funds.	436,679	411,970	419,711	387,665	432,745	380,584	473,466	440,571	504,704	469,318
Dispensary	3,759	2,789	3,574	1,890	6,368	2,157	7,105	2,532	4,863	1,819
Private Medical Practitioners.	287	260	280	253	253	229	372	356	665	371
Total ...	492,179	462,764	473,914	435,394	494,615	431,624	542,645	499,756	570,476	524,632
Federated Shan States.	67,872	64,245	39,998	38,864	60,034	52,837	71,051	57,133	57,508	50,481

DEPARTMENT.

primarily vaccinated and the number of those persons who were successfully vaccinated in each of the undermentioned official years.

1930-31.		1931-32.		1932-33.		1933-34.		1934-35.		Establishments.
Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	
(7)		(8)		(9)		(10)		(11)		(12)
9,581	7,766	9,335	7,566	12,707	8,769	12,912	9,950	37,308	26,523	Government.
48,013	44,130	57,174	52,211	59,848	54,675	60,027	56,010	55,986	52,335	Municipal.
492,893	458,389	469,598	436,335	557,582	507,654	556,858	499,306	523,635	474,423	Local Funds.
3,810	546	2,660	1,200	2,020	420	2,838	906	1,477	557	Dispensary.
220	200	736	711	3,535	1,150	217	181	1,369	1,107	Private Medical Practitioners.
554,517	511,031	539,503	498,023	635,692	572,668	632,852	566,353	619,775	554,945	Total.
59,680	53,997	65,080	58,775	87,668	70,225	70,834	60,740	58,025	48,504	Federated Shan States.

VACCINATION DEPARTMENT.

APPENDIX A.—Statement showing the ratio per 10,000 successfully vaccinated and the mortality from Small-pox by quinquennial periods.

Official Year.	Ratio per 10,000 successfully vaccinated.	Quinquennial mean.	Calendar Year.	Ratio per 10,000 of mortality from small-pox.	Quinquennial mean.
(1)	(2)	(3)	(4)	(5)	(6)
BURMA.					
1919-20	568·93		1919	3·99	
1920-21	476·39		1920	2·90	
1921-22	432·76	480·50	1921	0·92	2·32
1922-23	455·54		1922	1·34	
1923-24	475·39		1923	2·63	
1924-25	485·25		1924	2·31	
1925-26	479·86	469·07	1925	3·56	2·44
1926-27	420·72		1926	2·16	
1927-28	454·15		1927	1·57	
1928-29	505·39		1928	2·61	
1929-30	520·93		1929	1·70	
1930-31	495·10		1930	0·85	
1931-32	441·96	507·93	1931	0·40	1·25
1932-33	539·16		1932	2·05	
1933-34	542·19		1933	1·24	
1934-35	556·26		1934	1·32	
..					
FEDERATED SHAN STATES.					
1919-20	168·83				
1920-21	195·30				
1921-22	213·08	226·19			
1922-23	244·21				
1923-24	303·97				
1924-25	314·93				
1925-26	457·27	379·89			
1926-27	298·85				
1927-28	387·93				
1928-29	440·45				
1929-30	468·45				
1930-31	415·41				
1931-32	430·09	469·67			
1932-33	532·25				
1933-34	498·82				
1934-35	370·13				

VACCINATION DEPARTMENT.

APPENDIX B.—Statement showing the number of vaccinations performed in Municipal Towns (excluding Cantonments) and Notified Areas (to which the Vaccination Act has been extended) on children under one year of age (Paragraph).

Towns.	Number of births during the year 1934-35.	Number of deaths among children under one year during the year.	Number of successful operations on children under one year during the year ending 31st March 1935.	Date of extension of Vaccination Act of 1880.	Date of extension of Vaccination Law Amendment Act of 1909.
(1)	(2)	(3)	(4)	(5)	(6)
Akyab ...	665	179	409	August 1883 ...	29th March 1910.
Minbya ...	83	21	36	4th March 1930...	9th Sept. 1931.
Kyaukpyu ...	134	19	85	April 1894 ...	29th March 1910.
Sandoway ...	113	25	78	September 1890	Do.
Rangoon ...	9,677	2,635	8,061	April 1884 ...	1st May 1909.
Pegu ...	964	214	964	March 1893 ...	29th March 1910.
Nyaunglèbin ...	257	83	274	29th March 1910	Do.
Tharrawaddy ...	191	29	157	October 1897.	23rd July 1929.
Thônzè ...	307	75	228	Do. ...	29th March 1910.
Zigôn ...	142	34	104	11th May 1914 ...	9th Sept. 1915.
Letpadan ...	286	64	219	January 1897 ...	29th March 1910.
Gyobingauk ...	234	65	166	February 1897 ...	Do.
Minhla ...	129	12	113	11th May 1914 ...	9th Sept. 1915.
Nattalin ...	144	27	111	Do. ...	Do.
Syriam ...	483	82	244	29th January 1913	29th January 1913.
Thôngwa ...	304	61	163	3rd March 1914	3rd March 1914.
Insein ...	435	124	514	14th March 1912	14th March 1912.
Thamaing ...	142	44	112	26th May 1926 ...	26th May 1926.
Thingangyun ...	164	36	191	Do. ...	Do.
Kanbe ...	204	66	248	Do. ...	Do.
Kamayut ...	190	66	172	Do. ...	Do.
Prome ...	1,048	270	960	June 1890 ...	29th March 1910.
Shwedaung ...	317	40	185	10th Sept. 1917.	23rd July 1929.
Paungdè ...	539	122	405	August 1890 ...	29th March 1910.
Bassein ...	1,348	418	972	September 1888	Do.
Ngathainggyaung ...	149	46	62	February 1890 ...	Do.
Kyônpyaw ...	187	30	120	26th Dec. 1923.	23rd July 1929.
Henzada ...	761	203	677	January 1889 ...	29th March 1910.
Myanaung ...	307	66	239	July 1889 ...	Do.
Kyangin ...	199	52	160	August 1894 ...	Do.
Myaungmya ...	266	82	149	June 1894 ...	Do.
Wakèma ...	275	53	176	27th April 1907 ...	Do.
Moulmeingyun ...	234	92	175	20th July 1925 ...	20th July 1925.
Maubin ...	269	96	263	October 1891 ...	29th March 1910.

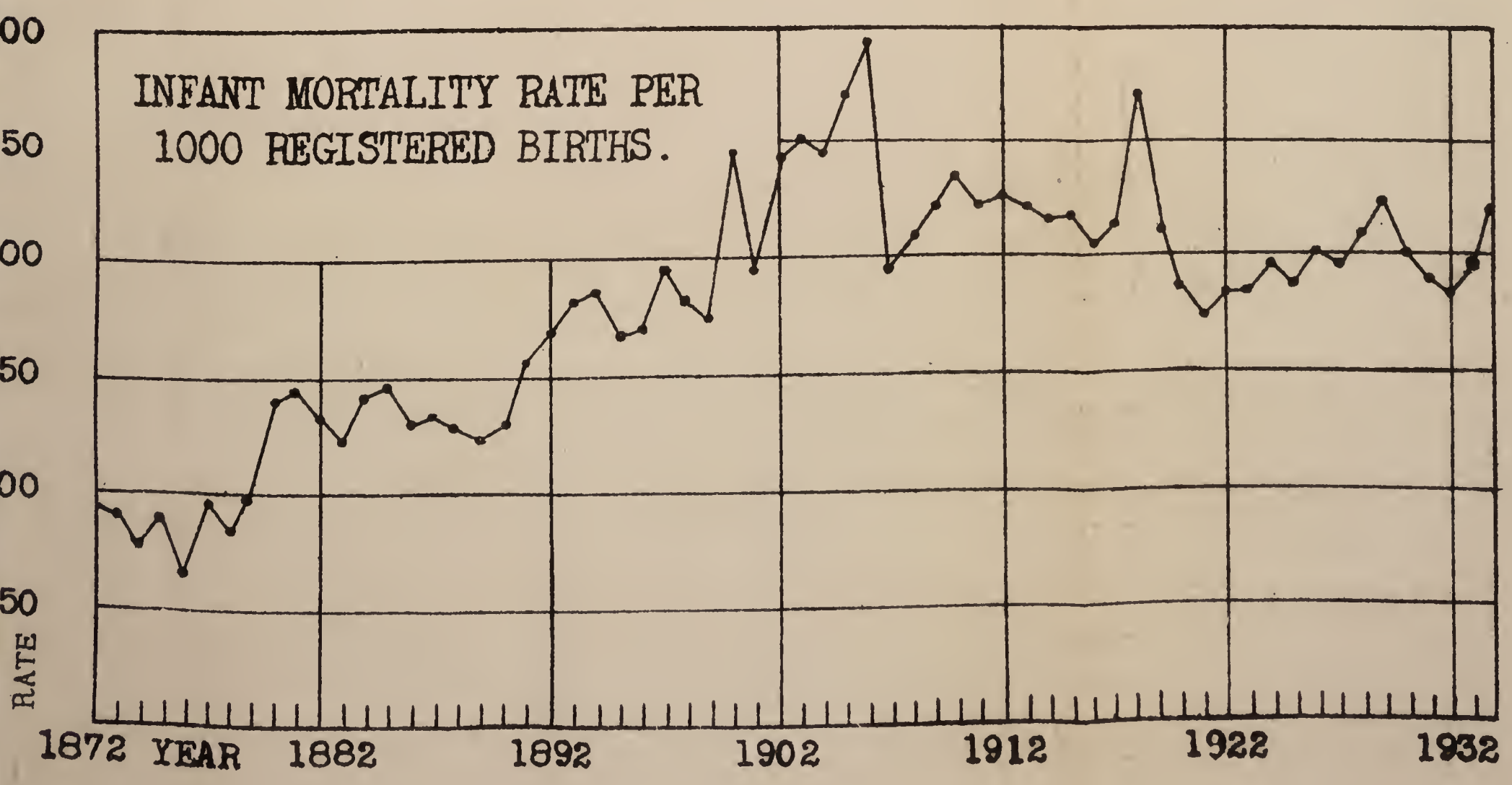
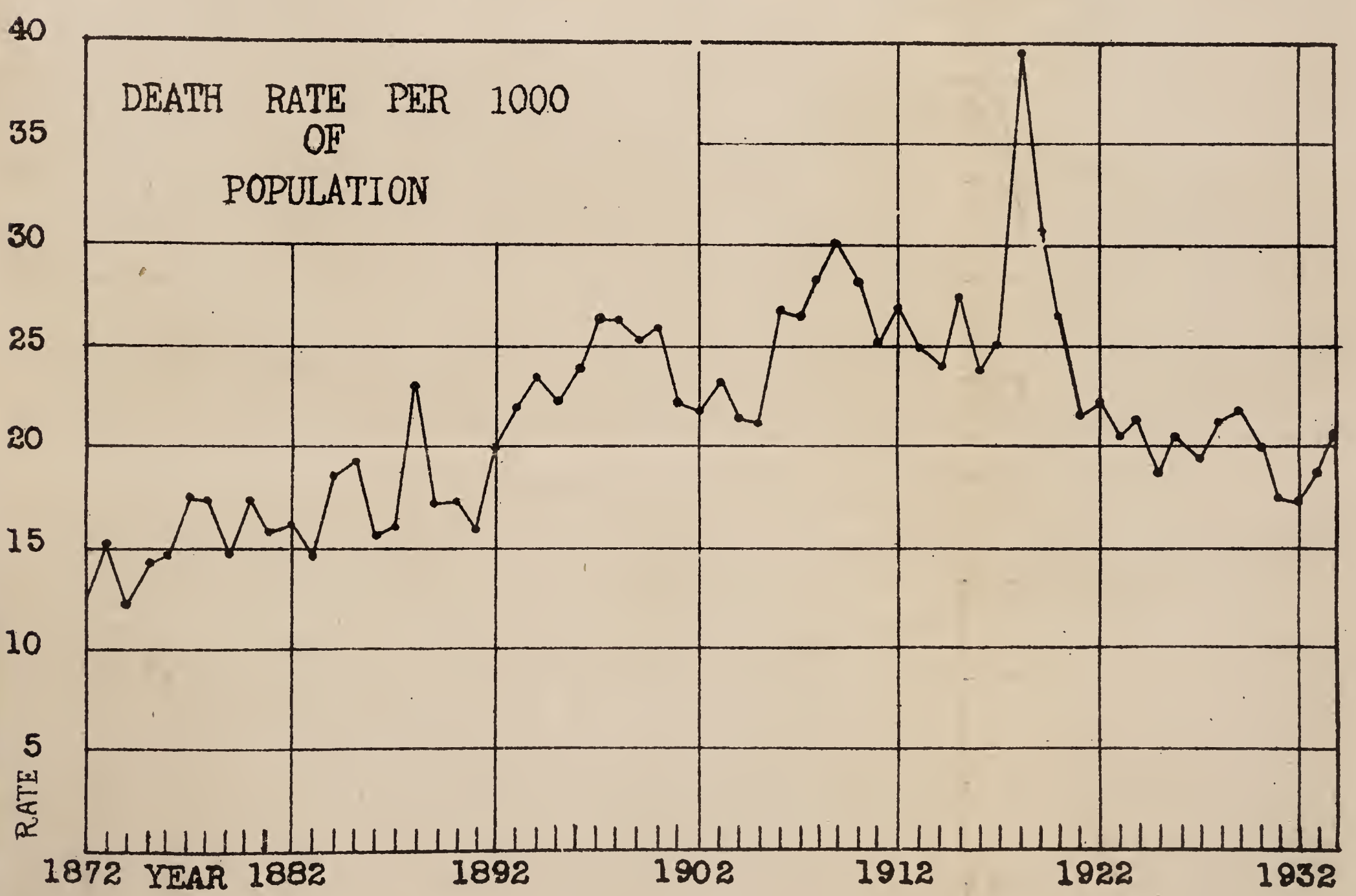
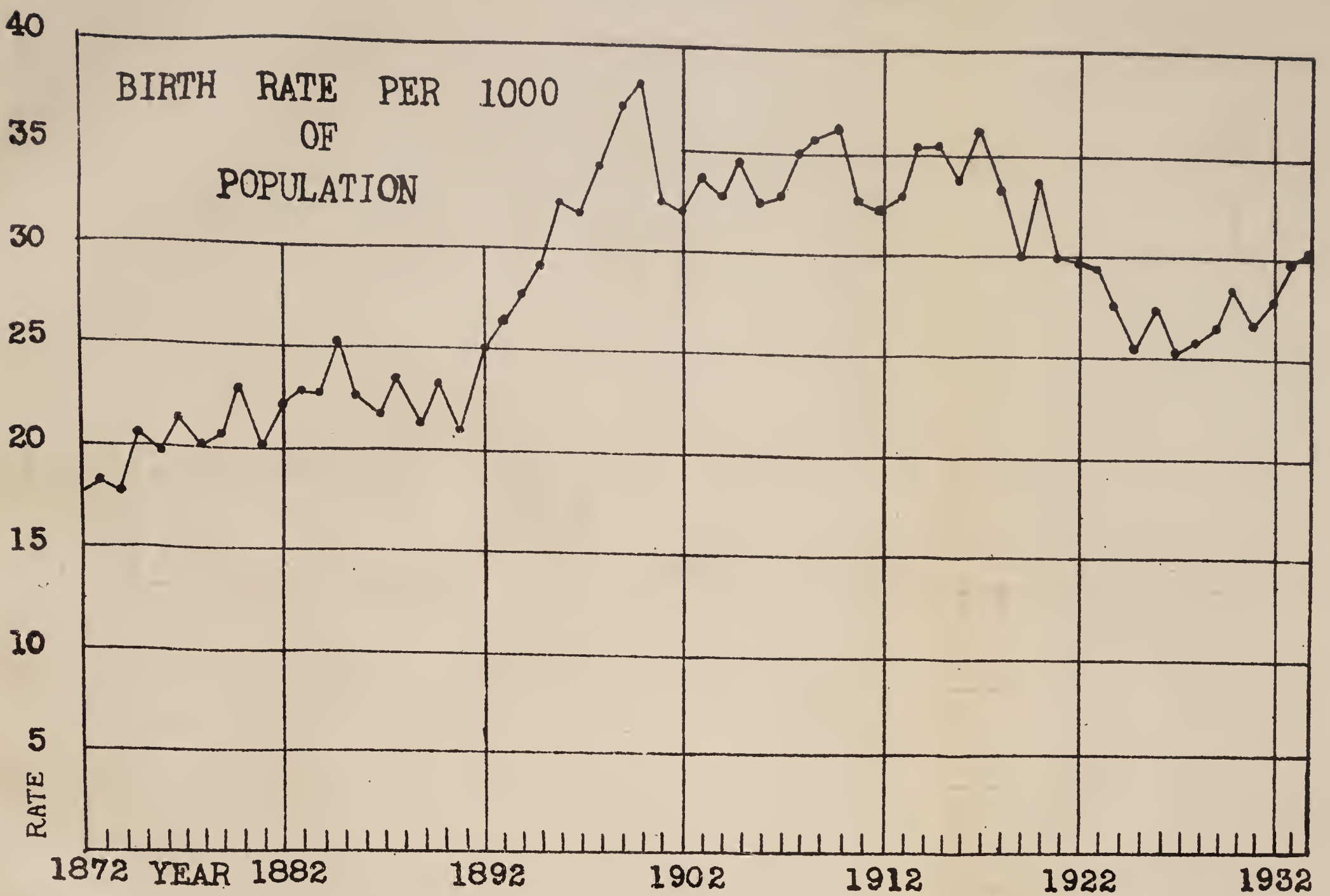
VACCINATION DEPARTMENT.

APPENDIX B.—Statement showing the number of vaccinations performed in Municipal Towns excluding Cantonments and Notified Areas (to which the Vaccination Act has been extended) on children under one year of age—concl'd.

Towns.	Number of births during the year 1934-35.	Number of deaths among children under one year during the year.	Number of successful operations on children under one year during the year ending 31st March 1935.	Date of extension of Vaccination Act of 1880.	Date of extension of Vaccination Law Amendment Act of 1909.
(1)	(2)	(3)	(4)	(5)	(6)
Yandoon ...	244	66	182	January 1892 ...	29th March 1910.
Danubyu ...	231	66	218	9th July 1909 ...	23rd July 1929.
Pyapôn ...	271	63	348	November 1904	29th March 1910.
Kyaiklat ...	313	103	180	15th Dec. 1904 ...	Do.
Thatôn ...	621	143	418	October 1891 ...	Do.
Kyaikto ...	163	58	125	March 1897 ...	Do.
Moulmein ...	1,949	374	1,671	August 1885 ...	Do.
Kawkareik ...	283	104	127	September 1914	17th Sept. 1914.
Tavoy ...	909	198	800	December 1889	29th March 1910.
Mergui ...	734	194	511	October 1891 ...	Do.
Toungoo ...	727	96	536	May 1889 ...	Do.
Shwegyin ...	197	27	130	January 1890 ...	Do.
Pyu ...	271	64	107	January 1920 ...	17th January 1920.
Thayemyo ...	377	124	263	May 1889 ...	29th March 1910.
Allanmyo ...	463	306	306	May 1901 ...	Do.
Minbu ...	241	63	143	March 1896 ...	Do.
Salin ...	241	94	166	Do. ...	Do.
Magwe ...	317	104	180	10th March 1913	10th March 1913.
Taungdwingyi ...	413	174	324	February 1893 ...	29th March 1910.
Yenangyaung ...	446	149	338	10th March 1913	10th March 1913.
Chauk ...	281	92	302	20th May 1929 ...	23rd July 1929.
Pakôkku ...	800	335	499	April 1892 ...	29th March 1910.
Mandalay ...	7,714	1,935	6,626	August 1891 ...	Do.
Maymyo ...	753	147	535	October 1912 ...	22nd October 1912.
Myitnge ...	104	40	40	4th June 1930 ...	4th June 1930.
Kyauksè ...	243	113	177	May 1894 ...	29th March 1910.
Meiktila ...	373	135	277	June 1906 ...	31st July 1922
Myingyan ...	1,007	445	453	September 1891	29th March 1910.
Nyaung-u ...	233	92	157	30th August 1921	30th August 1921.
Yamethin ...	374	102	368	February 1892 ...	29th March 1910.
Pyinmana ...	891	170	584	November 1891...	Do.
Pyawbwè ...	257	111	113	May 1912 ...	23rd July 1929.
Bhamo ...	264	75	155	26th October 1894	29th March 1910.
Myitkyina ...	269	44	144	6th May 1929 ...	23rd July 1929.
Shwebo ...	612	161	527	June 1894 ...	29th March 1910.
Ye-u' ...	161	54	51	2nd April 1929 ...	23rd July 1929.
Sagaing ...	594	175	307	April 1894 ...	29th March 1910.
Myinmu ...	202	70	187	5th October 1926	5th October 1926.
Mawlaik ...	106	23	61	31st Dec. 1930	31st Dec. 1930.
Mônýwa ...	475	151	288	March 1893 ...	29th March 1910.
Total ...	46,181	12,571	36,116		
		FEDERATED	SHAN STATES.		
Lashio ...	190	32	171	25th July 1927 ...	25th July 1927.
Kalaw ...	78	13	66	Do. ...	Do.
Taunggyi ...	354	58	150	Do. ...	Do.
Total ...	622	103	387		

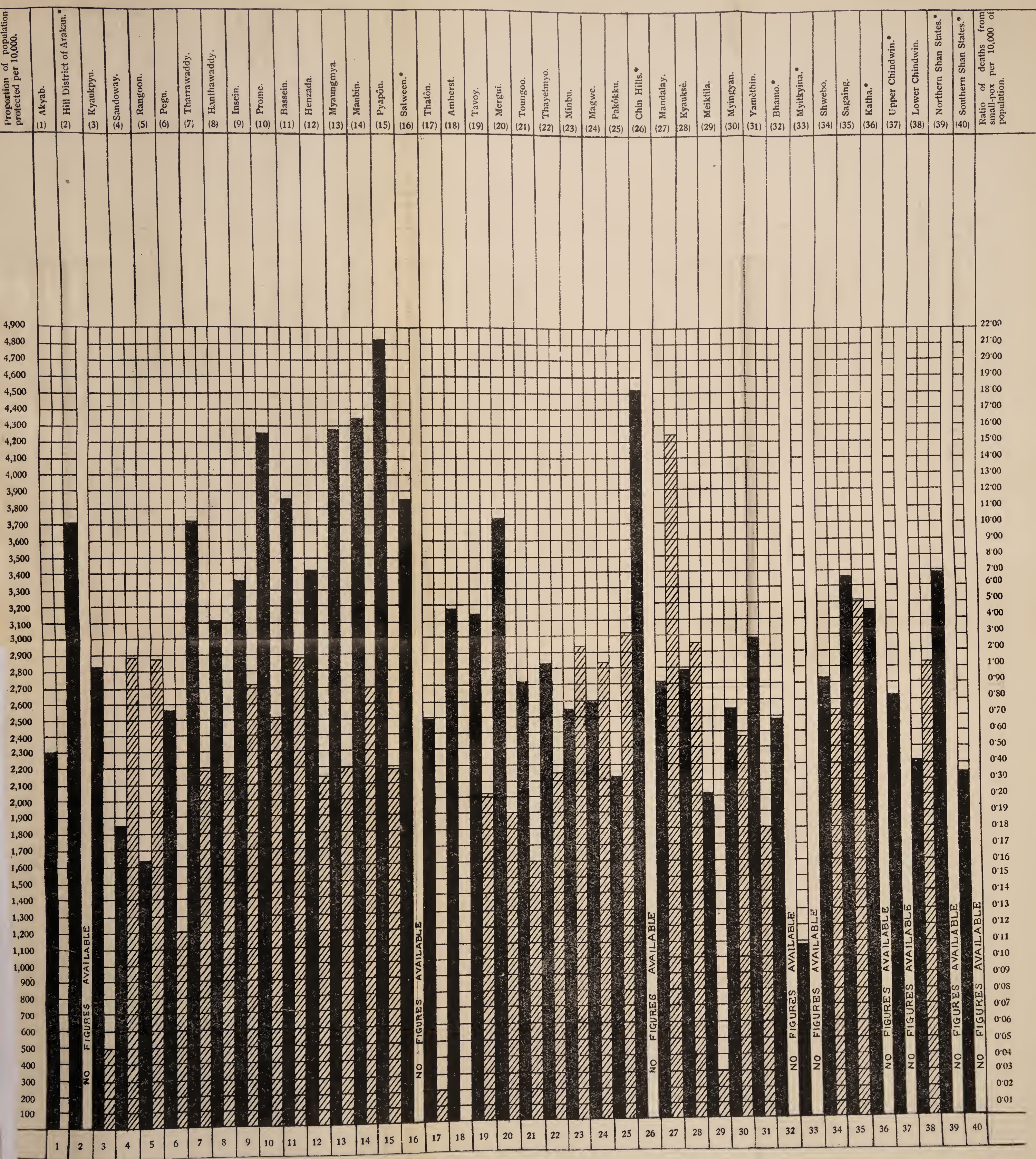
VITAL STATISTICS CHART I

BIRTH, DEATH AND INFANT MORTALITY RATES.



VACCINATION CHART II.

Diagram showing the Proportion of Population protected during the seven official years from 1928-29 to 1934-35 and the Death-rate from Small-pox during the year 1934 in districts where full registration is in force.

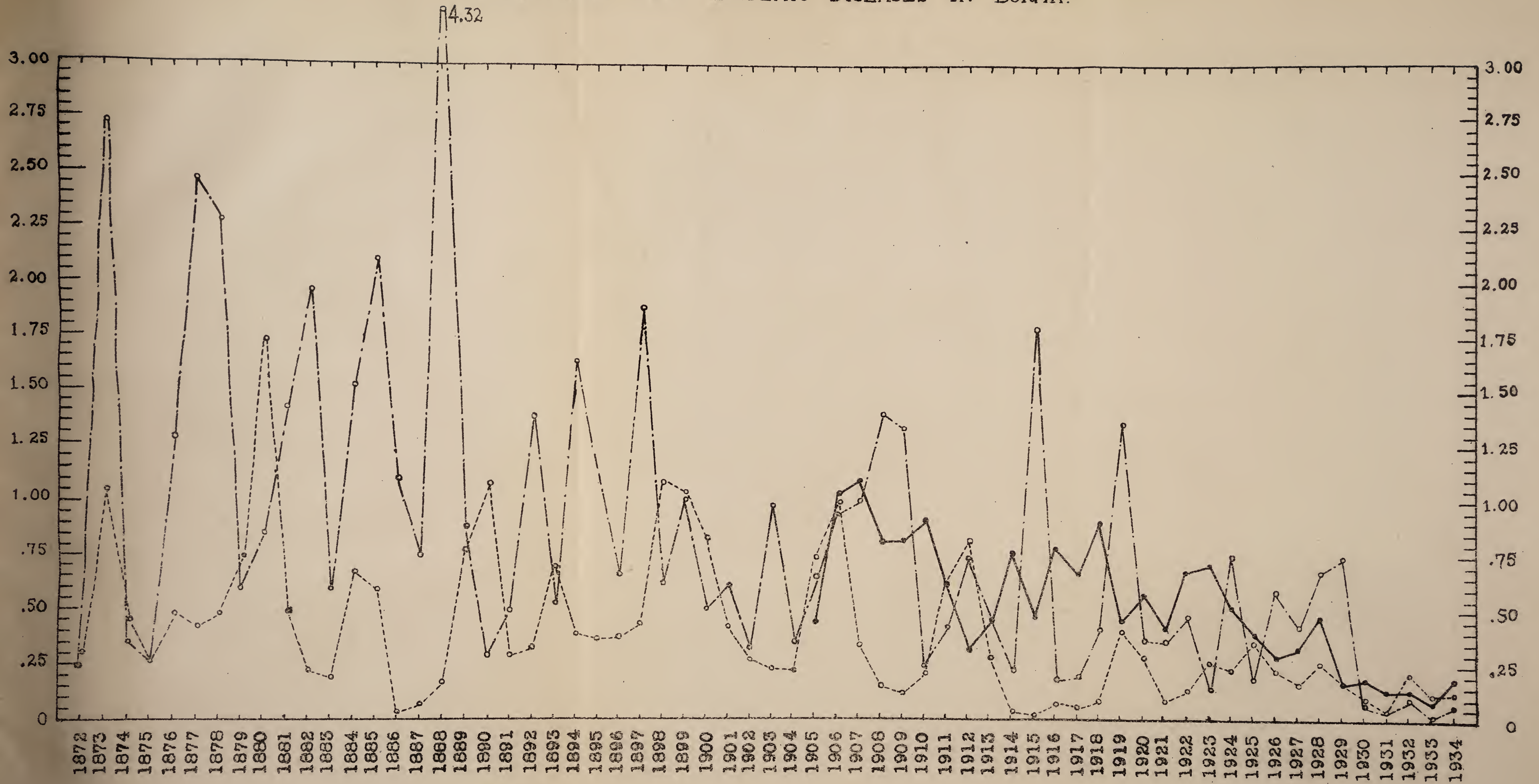


Indicates proportion of population protected per 10,000.
 Indicates ratio of deaths from small-pox per 10,000 of population.
 * Full registration of vital statistics is not carried out in these districts.



VITAL STATISTICS CHART III

DEATH RATES FROM EPIDEMIC DISEASES IN BURMA.



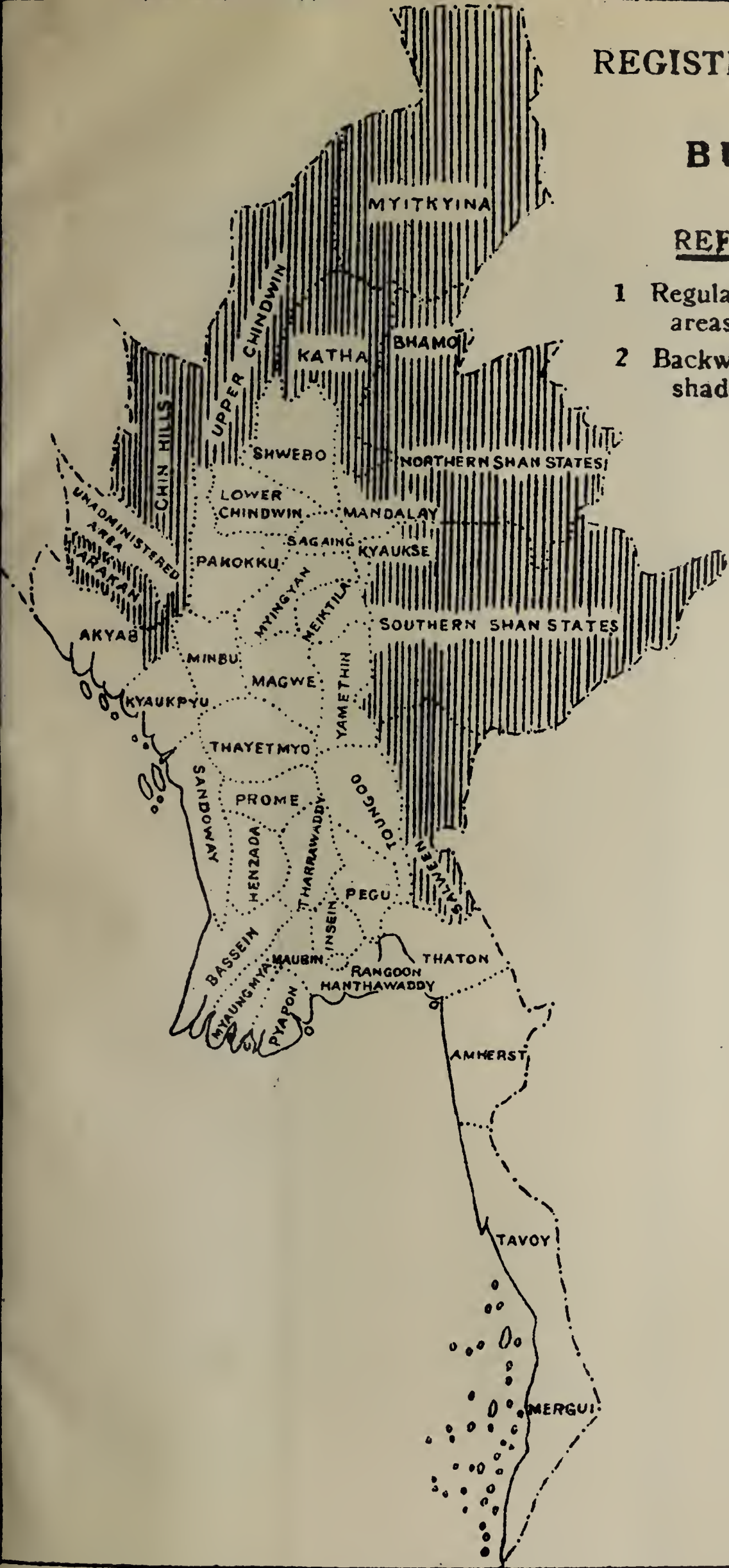
References.

- Cholera death rate thus
- Small-pox " " "
- Plague " " "

REGISTRATION MAP OF BURMA.

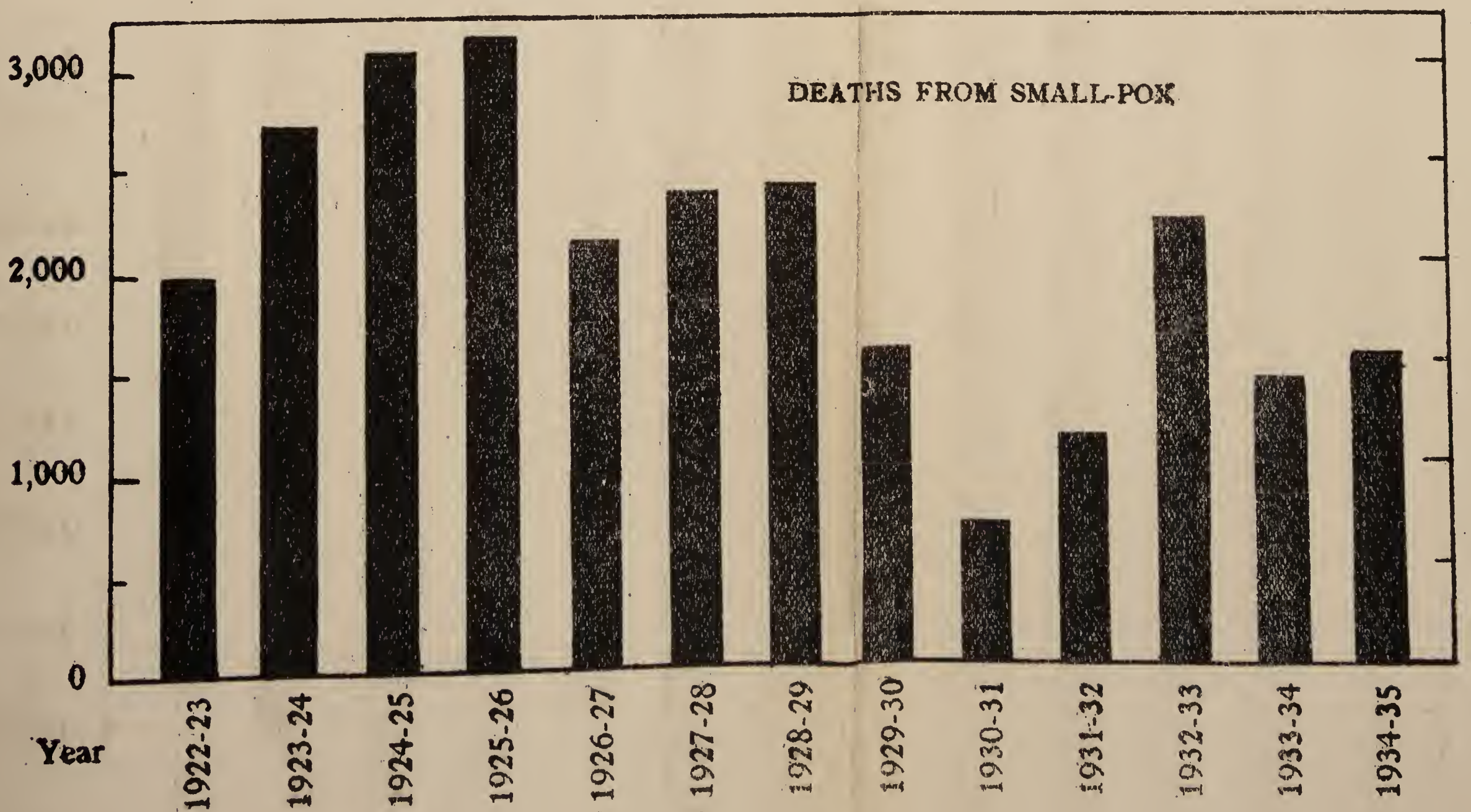
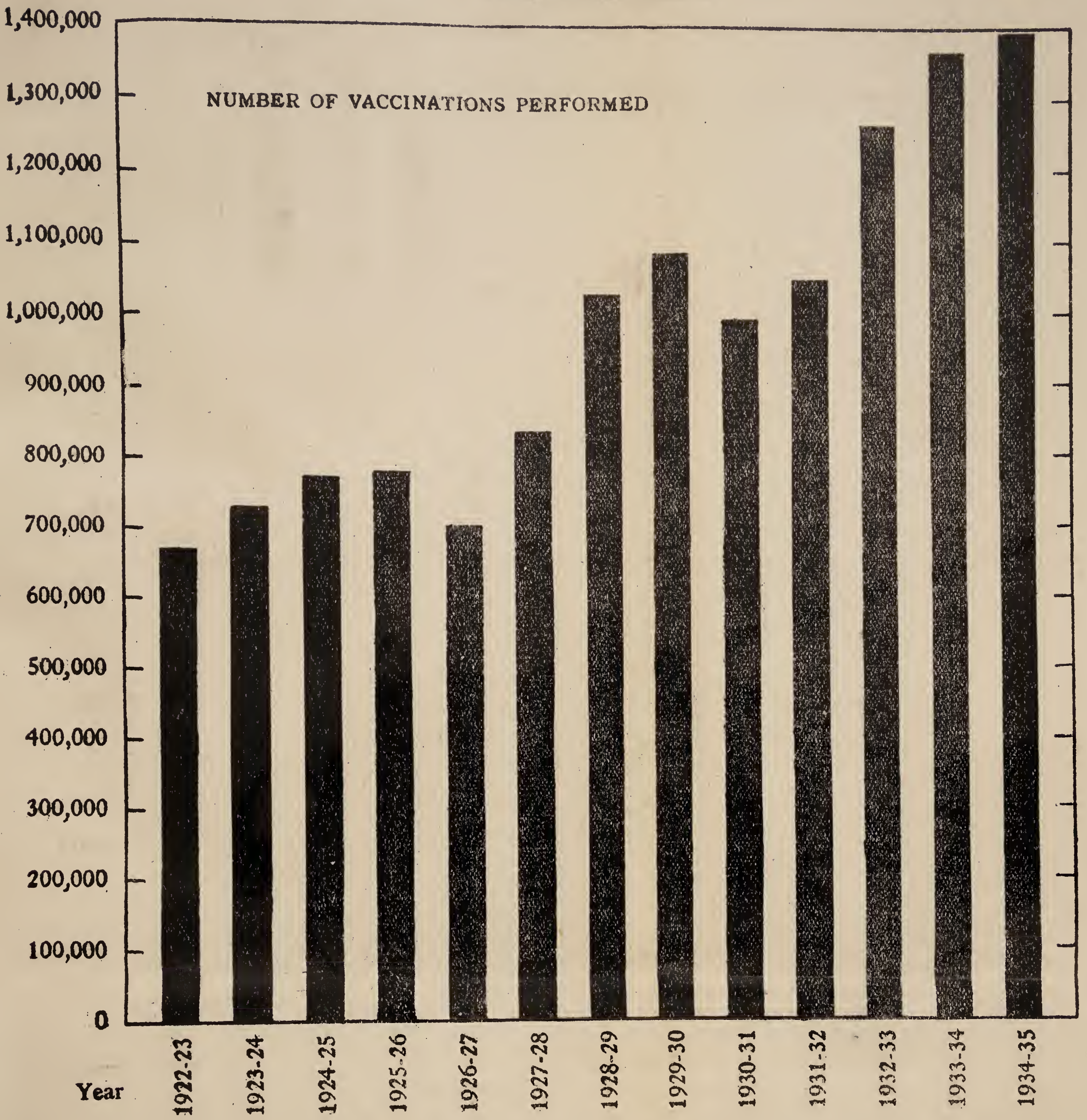
REFERENCES.

- 1 Regular Registration areas in clear
- 2 Backward areas shaded.



VACCINATION CHART I.

DIAGRAMS SHOWING THE VACCINATIONS PERFORMED AND THE DEATHS FROM SMALL-POX IN BURMA (EXCLUDING BACKWARD TRACTS) SINCE THE YEAR 1922-23.



VITAL STATISTICS CHART II

NUMBER OF DEATHS PER 100 BIRTHS IN TOWNS IN 1934.

INFANT DEATHS
 OTHER DEATHS
 TOTAL DEATHS

